



P.O. Box 8644
 Kalispell, MT 59904
 Tel. (406)-249-5561
 Fax. (406)-752-8570

Name/Address			
Last:	First:	Middle Initial:	Title
Name of Business:		Tax I.D. Number	
Address:			
City:	State:	ZIP:	Phone:
Company Information			
Type of Business:			
Legal Form Under Which Business Operates: Corporation _ Partnership _ Proprietorship _			
If Division/Subsidiary, Name of Parent Company:			
Business Manager:			
Address:			
City:	State:	ZIP:	Phone:
Bank References			
Institution Name:		Institution Name:	
Checking Account #:		Savings Account #:	
Address:		Address:	
Phone:		Phone:	
Trade References			
Company Name:	Company Name:	Company Name:	
Contact Name:	Contact Name:	Contact Name:	
Address:	Address:	Address:	
Phone:	Phone:	Phone:	
Credit Limit:	Credit Limit:	Credit Limit:	

I hereby certify that the information contained herein is complete and accurate. This Information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Headlock Inc. for which credit is being applied for in order to verify the information contained herein.

Signature

Date