



**CENTRAL MOTIVE POWER**

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**CREDIT APPLICATION**  
**CREDIT LIMIT**  
(Office Use Only) \_\_\_\_\_

DATE: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_ (Office Use Only) DENVER [ ]  
ALBUQUERQUE [ ]

COMPLETE COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

P.O. BOX: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_  
Area Code

CITY/STATE/ZIP: \_\_\_\_\_ RESALE TAX NO: \_\_\_\_\_

Date Established: \_\_\_\_\_ Corporation  Partnership  Individual Owner

Approximate Monthly Credit Requested: \_\_\_\_\_ Type of Business: \_\_\_\_\_

List Corporate Officers (If Partnership, List Partners):

Title	Name	Address	Residence Telephone

If Individual Owner

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Residence Telephone: \_\_\_\_\_

Bank Reference: \_\_\_\_\_

Account #: \_\_\_\_\_ Contact Officer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TRADE REFERENCES**

	REFERENCE #1	REFERENCE #2	REFERENCE #3
Company Name:			
Address:			
City & State:			
Phone #:			
Person to Contact			

OFFICE USE	Report Date:			
	How Long			
	High Credit			
	Present Balance			
	Amount Past Due			
	Terms			

Manner Of Payment  
Remarks

**Applicant agrees upon all unpaid balances over 30 days and will pay interest at the rate of 1 ½% per month, plus all costs of collection, including reasonable attorney fees.**