



C.A.M.P. USA Dealer/Credit Application

580 Burbank St. Suite 150
 BROOMFIELD, CO 80020
 303-465-9429 voice
 303-465-9785 fax

Phone: (____) - _____ - _____
 Fax: (____) - _____ - _____
 E-mail: _____

Legal name of Company: _____
 DBA: _____

SHIPPING ADDRESS	BILLING ADDRESS (if different)
Street: _____ _____	Street/PO Box: _____ _____
City: _____	City: _____
State: _____ Zip: _____ - _____	State: _____ Zip: _____ - _____

PRINCIPAL(S) _____ _____ _____ YEAR OPENED: _____ STATE RESALE LICENSE #: _____	LEGAL ENTITY <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC ISSUING STATE: _____
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BANK REFERENCE

Name of Bank: _____ Branch: _____
 Address: _____ Phone: (____) _____ - _____ ext: _____
 _____ Fax: (____) _____ - _____

CREDIT REFERENCES

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____ Fax: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____ Fax: _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____ Fax: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____ Fax: _____

Dealer : _____ Rep : _____
 Date: _____ Date: _____