



CREDIT APPLICATION

BILLING INFORMATION

Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Accounts Payable Contact:		

SHIP TO INFORMATION

Company Name:		
Shipping Address:	Phone:	
City:	State:	ZIP Code:

GENERAL BUSINESS INFORMATION

Type of Business:	Date Established:
Check One: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No	MN Sales Tax Exemption #:
Require P.O.'s: <input type="checkbox"/> Yes <input type="checkbox"/> No	Predicted Monthly Purchases:
Officer or Owner Name & Title:	

BANK REFERENCES

Bank Name:	Address:	
Contact:	Account Number:	Phone:

CREDIT REFERENCES

1) Company name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
2) Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Email:
3) Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Email:
Signature:		
Title:	Date:	

Terms: Net 10th of the month following the statement date. Service Charge: Invoices unpaid 30 days from statement date are subject to 1 1/2 % per month. Applicant's signature attests financial responsibility, ability & willingness to pay our invoices in accordance with the terms granted. The applicant also assumes responsibility for all bills contracted in his/her name at the designated address and if delinquent, all collection fees.