



3605 29th Ave. N.E., MINNEAPOLIS, MN 55418

• (612) 788-3605

### Application for Credit

Date: \_\_\_\_\_

For the purpose of establishing credit with creditor, I/we, the undersigned, warrant the financial information below to be true, correct and complete to the best of my knowledge and hereby authorize any credit investigation needed for verification.

Company Name:	_____
Address:	_____ _____ _____
Phone:	_____
Fax:	_____
Contact Name/Title:	_____

Tax ID Number:	_____
Business is:	<input type="checkbox"/> Proprietorship <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> Partnership

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



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List three principal suppliers with whom you have maintained credit for a minimum of one year.

Trade Reference 1: \_\_\_\_\_
Address: \_\_\_\_\_
Contact/Phone: \_\_\_\_\_

Trade Reference 2: \_\_\_\_\_
Address: \_\_\_\_\_
Contact/Phone: \_\_\_\_\_

Trade Reference 3: \_\_\_\_\_
Address: \_\_\_\_\_
Contact/Phone: \_\_\_\_\_

Is your company exempt from state sales tax? Yes No
If "yes," we will need a MN Dept. of Revenue form ST-3 or ST-5 signed and on file.

This application must be signed to be processed.

We reserve the right to charge interest on any past due amount over thirty (30) days at the rate of 1.5% per month (18% annual rate). We also reserve the right to add any legal or collection fees incurred in connection with the collection of this account.

I have read and agree to the above:

Applicant's signature

Date