



623 Hoover Street NE  
 Minneapolis, Minnesota 55413  
 ph (612) 333-4800 fax (612) 767-1988

## *ACCOUNT INFORMATION / CREDIT APPLICATION*

Organization Name		Federal Tax ID Number	
Contact Name		Title	
Address			
City		State	Zip
Telephone ( ) ( )	Fax ( ) ( )	Email	
Nature of Business	Date Established	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	
Bank Name	Account Number		
Bank Telephone	Bank Contact		
Parent company (if applicable)	Address		
<b>Three Business References</b> <small>(Please Do Not Use Credit Cards, Bank, or Personal References)</small>			
1) Name		Telephone	Fax
Address		City	State      Zip
2) Name		Telephone	Fax
Address		City	State      Zip
3) Name		Telephone	Fax
Address		City	State      Zip
Credit Limit Requested	<b>Credit Terms:</b> Invoices are due and payable within 30 days of the invoice date. We reserve the right to charge a 1.5 % per month finance charge, which is 18% per annum, on past due accounts,		
Name _____ Title _____ <small>(please print or type)</small>			
Signature _____			
Date _____ Your Sales Representative _____			

**Important:** Please provide us with a copy of your RESALE TAX EXEMPTION CERTIFICATE if no Minnesota Sales Tax is to be charged.