



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<br>( ) ( )  | Fax<br>( ) ( )   | Email  |                |
| Nature of Business  | Date Established   | <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership<br><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><br><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 _____<br><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.