

COMMERCIAL CREDIT APPLICATION



PLEASE COMPLETE AND SIGN THIS CREDIT APPLICATION IN FULL TO BE CONSIDERED FOR OPEN ACCOUNT STATUS. IF THE INFORMATION SUPPLIED IS INCOMPLETE OR FOUND TO BE INCORRECT THIS MAY DELAY PROCESSING OF THE APPLICATION AND COULD AFFECT PROMPT DELIVERY OF PRODUCTS OR SERVICES.

960 E. Mark St. PO Box 888
Winona, MN 55987
Phone (800) 533-8006

Customer No. _____ Date _____

_____, I, (we) submit the following information in applying for an open account:

Business Name _____ Type of Business _____
Address _____ Shipping Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Phone Number () _____ Phone Number () _____
Accounts Payable Contact _____ E-mail Address _____
Any Purchase Orders Required? _____ Website _____

COMPLETE APPLICATION SECTION: Individual Partnership Corporate Subsidiary of _____

Owner's, Officer's, Director's or Partner's Names:

1. _____ Address _____ City _____ State _____ Zip _____

2. _____ Address _____ City _____ State _____ Zip _____

Year Incorporated _____ State _____ Years in Business _____

Owners' Social Security # 1: _____

NOTE: If corporation is less than three (3) years old, the individual personal guarantee form must be completed by an officer of the applying company. (See reverse side of application)

Owners' Social Security # 2: _____

Bank Name _____ Checking Account # _____

Address _____ Savings Account # _____

City _____ State _____ Zip _____ Phone Number () _____

Business References:

Name	1. _____	2. _____	3. _____
Address	_____	_____	_____
City, State	_____	_____	_____
Phone No.	_____	_____	_____
Account #	_____	_____	_____
Name	4. _____	5. _____	6. _____
Address	_____	_____	_____
City, State	_____	_____	_____
Phone No.	_____	_____	_____
Account #	_____	_____	_____

If representations made by the buyer in this credit application are subsequently found incorrect or incomplete, the right is reserved to reject the application and to negate any obligation to proceed with any merchandise. (1) Buyer recognizes Seller's term as Net 30 and acknowledges and authorizes a service charge of 1% per month (12% annual) on any past due amounts. (2) Seller shall have the right to (a) declare the entire amount due and payable if default occurs in making any payment when due (b) in the event of default customer agrees to pay attorney and or collection agency fees not exceeding 25% (c) To limit the amount of credit extended under this account or terminate the account, upon giving written notice thereof; but it may avail itself of the terms of this agreement until full payment of the entire balance with service charge to date of payment has been received. (3) In submitting this application for credit, I authorize you to investigate my credit record.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND AGREE TO THE ABOVE SHOWN.

SIGNATURE OF OWNER / PARTNER OR OFFICE

DATE

SIGNATURE OF OWNER / PARTNER OR OFFICE

DATE

INDIVIDUAL PERSONAL GUARANTEE

IF CORPORATION IS LESS THAN THREE (3) YEARS OLD, THE FOLLOWING GUARANTEE MUST BE COMPLETED BY AN OFFICER OF THE CORPORATION.

Date: _____, 20 _____

I, _____, residing at _____

for and inconsideration of your extending credit at my request to _____
(INSERT NAME OF COMPANY)

hereinafter referred to as the "Company", of which I am _____
(INSERT TITLE)

hereby personally guarantee to the payment obligation of the Company and hereby agree to bind myself to pay you on demand of any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be continuing and irrevocable and indemnity for such indebtedness of the Company, I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement herby granted.

SIGNATURE

NOTARY STAMP / WITNESS

ADDRESS