

8601 Xylon Court North
 Brooklyn Park, MN 55445
 Phone 763-425-9066 Fax 763-425-4926

COMMERCIAL ACCOUNT CREDIT APPLICATION

LEGAL BILLING NAME		FEDERAL ID # SOCIAL SECURITY #	
BILLING ADDRESS <small>Address, City, State, Zip</small>			
SHIP TO ADDRESS <small>Street, City, State, Zip</small>			
OWNER / PRINCIPLE		YEARS IN BUSINESS	
CORPORATE FINANCIAL MANAGER OR CONTACT		PURCHASE ORDER REQUIRED (YES/NO)	
TAX EXEMPT (Yes / No)	TAX EXEMPT NUMBER <small>(Certificate needed)</small>	APPLICABLE SALES TAX LOCATION	
PHONE NUMBER		FAX NUMBER [required for faxed invoices]	
SALES CONTACT		SERVICE CONTACT	
PARTS CONTACT		RENTAL CONTACT	
WEBSITE OR URL ADDRESS		EMAIL CONTACT ADDRESS	
PRODUCT CLASS OWNED (circle) I II III IV V		COUNTY	
TRADE REFERENCE		TRADE REFERENCE	
NAME		NAME	
MAILING ADDRESS		MAILING ADDRESS	
CONTACT		CONTACT	
PHONE	FAX	PHONE	FAX
BANK REFERENCE		INTERNAL USE ONLY	
BANK NAME		INITIATED BY:	
MAILING ADDRESS		SALESMAN:	
BANK OFFICER OR CONTACT		TLM ACCOUNT #	
ACCT NUMBER		CUSTOMER SIC CODE:	
PHONE	FAX	SIC CODE:	

To our customer:

You may attach your prepared credit application information. We require a minimum of two references, a fax number where your invoices will be sent, as well as the bank information detailed on this form.

Authorized Signature: _____
 Your signature verifies that all credit and company information provided is truthful