

APPLICATION FOR CREDIT

SUBMITTED BY

NAME OF FIRM OR INDIVIDUAL _____			
ADDRESS _____			YEARS AT ADDRESS _____
CITY _____	STATE _____	ZIP _____	AREA CODE - PHONE _____

HEREBY applies for credit in accordance with the terms and conditions of:

TO



10690 Briggs Drive
Inver Grove Heights, MN 55077

Credit Manager: Karen Gillespie
Terms: Net 30 days

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP

Corporation
 Check here if incorporated within the past 12 months
 Partnership
 Individual

1.	NAME(S) OF PRINCIPAL(S) _____	COMPLETE ADDRESS _____	ZIP _____	PHONE _____
2.	_____			
3.	_____			
4.	_____			

FINANCE

BANK _____	BANK ADDRESS _____
BANK OFFICER OR DEPARTMENT _____	PHONE _____

REFERENCES

1.	BUSINESS NAME _____	COMPLETE ADDRESS _____	ZIP _____	PHONE _____
2.	_____			
3.	_____			
4.	_____			

CONFIRMATION

Check here if cash sales are acceptable until credit is approved.

I (We) certify that all the information on this form is correct. I (We) fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) _____ Date: _____

(Title) _____

VERIFICATION

REFERENCES CHECKED BY _____	<input type="checkbox"/> CREDIT APPROVED BY _____
REFERENCE RESULTS _____	<input type="checkbox"/> CREDIT REFUSED BY _____
_____	DATE _____