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**BUSINESS INFORMATION**

Type of ownership [ ] INDIVIDUAL [ ] PARTNERSHIP [ ] CORPORATION

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Postal Address \_\_\_\_\_ Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parent Company, if any \_\_\_\_\_

Years in Business \_\_\_\_\_ No. Of Employees \_\_\_\_\_ Federal ID No. \_\_\_\_\_ Tax exempt? \_\_\_\_ YES \_\_\_\_ NO

Please indicate names of:

\_\_\_\_\_  
President

\_\_\_\_\_  
Accounts Payable Contact

E-mail address for sending Invoices and Statements \_\_\_\_\_

Are purchase order #'s required? \_\_\_\_\_ YES \_\_\_\_\_ NO

**OWNERS/OFFICERS INFORMATION**

1. Name \_\_\_\_\_ Title \_\_\_\_\_ Home Phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_ Home Phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TRADE REFERENCES**

**Please attach a separate sheet.**

**BANK REFERENCE**

Bank name \_\_\_\_\_ ACCT No: \_\_\_\_\_ Tele: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE READ AND SIGN THE FOLLOWING STATEMENT AFTER YOU HAVE COMPLETED APPLICABLE SECTIONS**

YOU ARE AUTHORIZED TO CONTACT PARTIES INDICATED ON THIS APPLICATION FOR VERIFICATION. FOR PURPOSES OF OBTAINING CREDIT. WE HERBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND ACCURATE, AND ANY FINANCIAL INFORMATION SUBMITTED CORRECTLY REFLECTS OUR FINANCIAL CONDITION. WE AGREE TO PAY ALL INVOICES WITHIN 30 DAYS AND TO PAY SERVICE CHARGES ON AMOUNTS PAID AFTER INVOICE DUE DATES AT A RATE OF 1.5% PER MONTH, OR THE MAXIMUM ALLOWABLE RATE, WHICHEVER IS LESS. IN EVENT SUIT IS INSTITUTED TO COLLECT AMOUNTS OWING TO YOU AND A JUDGEMENT IS RENDERED IN YOUR FAVOR, WE AGREE TO PAY COURT COSTS AND REASONABLE ATTORNEY FEES. WE HAVE READ AND UNDERSTAND THIS AGREEMENT.

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_

**PERSONAL GUARANTEE (PLEASE DO NOT INCLUDE TITLE WHEN SIGNING PERSONAL GUARANTEE)**

FOR VALUE RECEIVED. INCLUDING MERCHANDISE, SERVICES, OR OTHER VALUABLE CONSIDERATION. I HEREBY UNCONDITIONALLY GUARANTEE AT ALL TIMES FULL AND PROMPT PAYMENT UPON DEMAND, OF ANY INDEBTEDNESS WHICH HAS BEEN INCURED UNDER THIS AGREEMENT. I UNDERSTAND THIS TO MEAN THAT I WILL PERSONALLY GUARANTEE PAYMENT OF ALL DEBTS AND OBLIGATIONS UNDER THIS AGREEMENT

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

SSN \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_