



BUSINESS CREDIT APPLICATION

Thank you for applying for a credit account with us. We are pleased to consider your application. To help our credit department determine an equitable credit limit, please complete the following application. All information and signature areas are required. If these are not completed, your application will be returned for completion.

If you have any questions or need clarification, feel free to contact our office at 763-552-0853. We look forward to doing business with you.

Company Information:

Company Name: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Federal I.D. #: _____ Sales Tax #: _____

_____ Corporation _____ Partnership _____ Proprietorship _____ Other

Type of Business: _____

Year established _____ Yearly Gross Sales \$ _____

Yearly Net Profits \$ _____

Net Value \$ _____

Names And Addresses Of Owners, Partners, Or Officers:

Name: _____

Title: _____ SS #: _____

Residence Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Name: _____

Title: _____ SS #: _____

Residence Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Name: _____

Title: _____ SS #: _____

Residence Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____



Credit References:

Name: _____
 Account #: _____
 Phone: _____
 Address: _____
 City, St, Zip: _____

Name: _____
 Account #: _____
 Phone: _____
 Address: _____
 City, St, Zip: _____

Trade Credit References:

Vendor: _____
 Account #: _____
 Phone: _____
 Address: _____
 City, St, Zip: _____

Vendor: _____
 Account #: _____
 Phone: _____
 Address: _____
 City, St, Zip: _____

Bank References:

Bank 1: _____
 Address: _____
 City, St, Zip: _____

Phone: _____
 Officer: _____
 Account #: _____

Bank Authorization:

I hereby authorize the above named bank to disclose any information necessary for the completion of this credit application to Pro Products Mfg LLC.

_____ Date: _____
 (Authorized Signature Required)

Printed Name: _____ Title: _____

Bank 2: _____
 Address: _____
 City, St, Zip: _____

Phone: _____
 Officer: _____
 Account #: _____

Bank Authorization:

I hereby authorize the above named bank to disclose any information necessary for the completion of this credit application to Pro Products Mfg LLC.

_____ Date: _____
 (Authorized Signature Required)

Printed Name: _____ Title: _____



Credit Limit Requested: \$ _____

Has the applicant business or any of its officers, partners, or the applicant proprietor been previously bankrupt: No Yes, Date: _____

Credit Terms:

- Payment on all invoices is due on or before the net due date as the terms of sale. Current terms are 1% discount paid within 15 days, net 30 days of the invoice date.
- All overdue invoices bear interest at 1½ % per month (18% per annum) on unpaid balance.
- Credit applicant agrees to pay all costs of collection, including court costs and attorneys fees.
- Credit terms and limit may be cancelled or changed by Creditor at any time without notice.
- All transactions are governed by the laws of the Creditor's state.
- All transactions are governed by the terms of the Creditor's documents.

The Credit applicant accepts the above terms and states that all information contained in this credit application is true and correct. Credit applicant authorizes creditor to contact all references, inquire as to credit information, and receive any confidential information relevant to approving credit and any ongoing credit transactions.

It is understood that Pro Products Mfg., L.L.C. has no obligation to grant credit for this, or any subsequent application. Approval of this application shall be set out in a Credit Approval Letter to the applicant business. Use of the account by the applicant business shall constitute its acceptance of the terms of the above terms and the terms of the Credit Approval Letter as amended from time to time.

Signature of Credit Applicant

Date: _____, 20 ____

Printed Name of Credit Applicant

Title of Credit Applicant

Signature of Owner/Officer

Date: _____, 20 ____

Printed Name of Owner/Officer

Title
