



Credit Application

14400 James Road
Suite A
P.O. Box 309
Rogers, MN 55374-0309

Phone: 763-557-0056
800-647-5297
Fax: 763-557-0165
800-547-0165

Company Name _____ Contact _____
Phone number _____ Fax number _____
Billing Address _____

Shipping Address (If different from billing)

Person Responsible For Payment Of Account _____

Signature of Authorized Contact _____

Tax Exempt Certificate Yes or No - If yes please attach

References

1) Business Name _____ Account# _____
Address _____

Telephone _____ Fax _____

2) Business Name _____
Address _____

Telephone _____ Fax _____

Bank name _____ Account number _____
Address _____
Phone _____ Contact name _____
