

CREDIT APPLICATION FOR A BUSINESS ACCOUNT			
PLEASE COMPLETE AND FAX BACK TO PAPERONDEMAND.COM AT (763) 544-2335			
BUSINESS CONTACT INFORMATION			
Title:			
Company name:			
Phone:	Fax:	Log in E-mail:	Pass Word:
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
MN Tax ID:	Federal Tax ID:		
BUSINESS REFERENCES WHERE CREDIT IS NOW EXTENDED			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
<p>For the purpose of establishing credit with creditor I/we, the undersigned, warrant the financial information below to be true, correct and complete OR TAX WILL BE CHARGED to the best of my knowledge and hereby authorize any credit investigation needed for verification. I understand that (1) Payment terms are 2% 10th approx from the date of invoice and hereby agree to proper payment in Consideration of extended credit. (2) Seller reserves the right to access a service charge of 1.5% per month on accounts past due and to collect all costs including a reasonable attorney's fee if the account must be placed for collection. Service charge will be added to unpaid items on the 1st day of the 3rd month following invoice date. (3) The right to withdraw this credit privilege at any time reserved. (4) Credit limits established hereunder shall be optional and are subject to revision. (5) All merchandise/services will be a cash basis until credit is approved. By means of the signature below, I certify that I am authorized to apply credit on behalf of the above named firm or corporation and that all stated herein is true and accurate.</p>			
PLEASE INCLUDE A COPY OF YOUR REGISTRATION EXEMPTION FORM WITH IDENTIFICATION NUMBER			
SIGNATURES			
Title:	Date:	Title:	Date: