



1996 UNIVERSITY AVE. • ST. PAUL, MN 55104  
(651) 649-1040 • FAX (651) 649-1540

DATE \_\_\_\_\_

**CREDIT APPLICATION**

COMPANY NAME: _____	WEB: _____
ADDRESS: _____	PHONE: _____
CITY, STATE, ZIP: _____	FAX: _____
BUYER / PHONE: _____ / _____	A/P CONTACT/PHONE: _____

**REFERENCES**

BANK: _____	PHONE: _____
ADDRESS: _____	OFFICER: _____
CITY, STATE, ZIP: _____	ACCT #: _____
TRADE REFERENCE 1: _____	PHONE: _____
ADDRESS: _____	FAX: _____
CITY, STATE, ZIP: _____	EMAIL: _____
TRADE REFERENCE 2: _____	PHONE: _____
ADDRESS: _____	FAX: _____
CITY, STATE, ZIP: _____	EMAIL: _____
TRADE REFERENCE 3: _____	PHONE: _____
ADDRESS: _____	FAX: _____
CITY, STATE, ZIP: _____	EMAIL: _____

**ADDITIONAL CUSTOMER INFORMATION**

Ship To: _____	Miles to Customer _____
_____	Collect Carrier Name _____
_____	Dock Times _____

Pallets required: 1) 48x40 New _____	1) Forklift _____
2) 48x40 Used _____	2) Pallet Jack _____
3) No Pallets _____	3) Hand Unload _____

Racks? If so, max unit height with pallet \_\_\_\_\_ Signature \_\_\_\_\_