



6900 Lakeland Avenue North, Brooklyn Park, MN (P) 763-566-8855 (F) 763-566-8856

Credit Application

Today's Date: _____

Company Name: _____ Contact: _____

Billing Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Trade References

Company Name: _____ Contact: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Date of Last Charge: _____ Amount of Last Charge: _____

Second Trade Reference

Company Name: _____ Contact: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Date of Last Charge: _____ Amount of Last Charge: _____

Bank Reference

Company Name: _____ Contact: _____

Billing Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Branch: _____ Checking Acct #: _____

Savings Acct #: _____ Other: _____

Persons Authorized to approve direct billings

Name: _____ Name: _____

Name: _____ Name: _____

I certify that I am authorized by my employer to enter into contractual agreements on behalf of the organization and that I understand your terms are due upon receipt of invoice and I agree to these terms. I authorize you to check the above listed references and hereby authorize them to release to you information about our corporate account with them. If approved and account is not active for 1 year, I must reapply.

Name of Company Official: _____ X _____

Signature of Company

Official

Title of Company Official: _____

Hotel Use Only

Requestor _____

Amount Requested: \$ _____

Director of Sales: _____

Processor: _____