



CREDIT APPLICATION & AGREEMENT

482 S. Griggs, MN 55116 ■ St. Paul, MN 55116 ■ PH: 651-699-0696 ■ FAX: 651-698-4084 ■ TOLL FREE: 1-866-774-4787

Name _____ Phone (_____) _____ Fax (_____) _____

Company Name _____ Email _____

Address _____ City/State/Zip _____

Billing Address (if different then above) _____

Type of Business _____

Is this for Resale? _____ Resale Exempt Number
(Must provide a copy of certificate)

BUSINESS REFERENCES

Please list 3 Suppliers with which you do regular business.

Name	Address	Phone/Fax	Credit Limit
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BANK REFERENCE

Contact	Address	Phone/Fax	Account Number
_____	_____	_____	_____

Business is a (check one): Proprietorship____Partnership____Corporation____ or LLC____ of what State? _____

Name of Accounts Payable Manager: _____ Phone # _____

Proprietors, Partners or Officers (Indicate General Partners)

Last Name	First Name	Title	Home Address
_____	_____	_____	_____

Last Name	First Name	Title	Home Address
_____	_____	_____	_____

The information and statements contained herein and which may be attached hereto are true and complete and are made for the purpose of inducing ADWEAR SPECIALTIES to establish a line of credit for the applicant. ADWEAR SPECIALTIES is hereby authorized to obtain any information they may consider necessary from any source. In consideration of, and in order to induce you to establish a line of credit, applicant promises to pay all purchases in accordance with ADWEAR's terms and conditions of sale. This agreement may only be modified by writing executed by an officer of ADWEAR SPECIALTIES. There is a \$25 charge for any returned Checks. Signing this agreement constitutes a personal guarantee

Signature _____ Date _____ Title _____

Under Signature by Officer or Owner

Type of Account Applying for: COD/Company Check____Net 15____ Amount Requested _____