



409 South Roberts Street, Fergus Falls, MN 56537

888-825-5783 218-736-2973 fax) 218-739-0551

### Credit Application

Company Name: \_\_\_\_\_ Business Type: \_\_\_\_\_
DBA (if applicable): \_\_\_\_\_
Street Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_
Billing Address: \_\_\_\_\_
A/P Contact: \_\_\_\_\_ Other Contact: \_\_\_\_\_
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

General Information:

Number of Employees: \_\_\_\_\_ Monthly Sales Volume: \_\_\_\_\_
Date Established: \_\_\_\_\_
Do you discount purchases on a regular basis? Yes No
Desired Line of Credit? \_\_\_\_\_
Tax Exempt? Yes No If yes, please attach a copy of your tax-exempt certificate.

Please check one of the following:

Corporations \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Other (specify) \_\_\_\_\_

Owners or Officers:

1 \_\_\_\_\_ Social Security #: \_\_\_\_\_
2 \_\_\_\_\_ Social Security #: \_\_\_\_\_

Bank References:

Bank Street Address City, State, Zip Phone & Fax

Trade References:

1 \_\_\_\_\_
2 \_\_\_\_\_
3 \_\_\_\_\_
Company Name Street Address City, State, Zip Phone & Fax

Has this company filed bankruptcy or in the process? Yes No

The above information is submitted for the purpose of establishing a customer account with Northern Contours, Inc. I hereby certify this information to be true and acknowledge that any debt incurred by our company with Northern Contours, Inc. will be paid according to the terms agreed upon. If any debt to Northern Contours, Inc. is not paid when due, I further agree to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as part of the collection process.

Signature of Applicant Title Date

Print Name of Applicant