

Customer application for credit to:

525 Main  
P.O. Box 236  
New England, ND 58647  
701-579-4887 1-800-459-4887  
toddfitterer@gmail.com

Date: \_\_\_\_\_



I/WE herein make application to \_\_\_\_\_ for credit and/or to update and reconfirm our existing account and balance with \_\_\_\_\_. Applicant/s give their permission to \_\_\_\_\_ to verify the information stated herein. If credit is granted, I/WE promise to pay all bills rendered. I/WE agree that if any cash discounts are made available, that the discounts may only be deducted if payment is made within the cash discount period, typically five days from the date of delivery. **All invoices are due and payable in full by the 10th of the month following the month of purchase (i.e., an invoice dated 11/27 is due on 12/10).**

**ANSWER ALL QUESTIONS**

Business or Individual's Name(s) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Type of Business \_\_\_\_\_ SS#/Federal I.D. # \_\_\_\_\_ How Long \_\_\_\_\_ Yrs.

If Less Than One (1) Year Previous Address \_\_\_\_\_

Partnership  Sole Proprietorship  Incorporated  LLC – What State ? \_\_\_\_\_

Company Bank \_\_\_\_\_ Acct. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**COMPANY SUPPLIERS (not required for individuals)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Company Owned Real Property  No  Yes Address \_\_\_\_\_ State \_\_\_\_\_

**PRINCIPALS OF COMPANY (not required for individuals)**

Name \_\_\_\_\_ SS# \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Own  Rent Title \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Own  Rent Title \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Own  Rent Title \_\_\_\_\_

Authorized People to Purchase \_\_\_\_\_ Purchase Orders Required  No  Yes

Amount of Credit Desired \_\_\_\_\_

**DEFAULT AGREEMENT**

In the event payment is not made and this account is referred for collection, I/WE will pay actual cost of collections. I/WE understand a monthly service charge on any unpaid balance will be charged at the rate of 1.5% per month. If suit or action by an attorney is instituted, I/WE agree to pay your attorneys' fees and costs in said suit or action. In the event of suit or action, it is understood and agreed that Stark County, ND, is the venue for litigation.

Signed by **X** \_\_\_\_\_ Title \_\_\_\_\_

I/WE, the undersigned, agree to absolutely and without condition guarantee payment of all sums due and owing. I/WE agree that this guarantee of payment does not require you to take legal action against the above applicant to obtain payment of any delinquent amount before enforcing this guarantee of payment. I/WE understand that venue is as stated above and that this continuing guarantee shall not be revoked except by written notice to \_\_\_\_\_. If guarantee is revoked, all future purchases will be C.O.D.

Guarantor **X** \_\_\_\_\_ Guarantor **X** \_\_\_\_\_

Agent of \_\_\_\_\_