



Corporate Accounting Office & Warehouse 3825 Edgewood Avenue South, Minneapolis Minnesota 55426

Accounting Office Phone Numbers 952-929-1618 Fax Number 952-929-9716

**CREDIT APPLICATION**

Telephone Number		Date:	
Legal Name			
DBA's			
Address			
City		State	Zip Code
<b>Principals &amp; Ownership:</b>			
(A)	%	(B)	%
(C)	%	(D)	%
Length of time you have been in business ____ yrs.	WE ARE A _____ Partnership _____ Corporation _____ Sole Proprietorship <input checked="" type="checkbox"/> Please check one.		Purchases will be ___ Taxable <input checked="" type="checkbox"/> _____ For Resale (Certificate Number)
<b>Bank Information</b>			
Name		Checking Account#	
Address		Savings Account#	
City	State	Zip code	Loan Account#
Bank Phone#	Contact Person		
<b>Trade References (Other Suppliers, ETC.)</b>			
(1)	<i>Business Name</i>	<i>Address</i>	<i>Phone</i> <i>Contact person(s)</i>
(2)			
(3)			

Have you suffered any previous business failures?  Yes \_\_\_ NO \_\_\_ Amount of Credit Requested \$ \_\_\_\_\_

**PLEASE READ BEFORE SIGNING!**

I acknowledge Ace Supply Co., Inc.'s Standard Terms of Sale: 2% 10th Prox Net 30. I understand these terms to be defined as follows: An invoice for materials purchased by me is discountable if paid by the 10th of the month following the date of the invoice. The amount of the invoice is due Net by the 30th of the month following the date of the invoice. Both parties before shipment must agree upon special terms.

I also acknowledge the 1.5% per month SERVICE CHARGE on invoices or balances more than 30 days past due.

I agree to comply with the entire Standard Terms and Conditions of Sale. I agree to pay all of Ace Supply Co Inc's costs of collection including reasonable attorney's fees.

Should the application for the credit be accepted, I understand that periodic reviews of my credit worthiness shall be made and that timely and accurate financial information is a requirement for continued open-account status. Ace Supply Co., Inc will be immediately notified of any changes in ownership, or business structure.

Date \_\_\_\_\_ Company Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**PERSONAL GUARANTY** Title: \_\_\_\_\_

In consideration for Ace Supply Company Inc extension of credit to the above applicant, the undersigned Guarantor (s) does hereby unconditionally guaranty to Ace Supply Company Inc the payment of any and all obligations incurred by the above applicant to Ace Supply Company Inc including all costs of collection including reasonable attorney's fees. (No extension of credit will be issued without a personal guaranty)

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

Application Supplied By \_\_\_\_\_ Credit Approved \_\_\_ Not approved \_\_\_  Initials (\_\_\_\_\_) \_\_\_\_\_

Branch Offices & Warehouse Information; (For our office use only)  
Eagan Fax 951-454-4868 2817 Eagandale Blvd, Eagan MN 55121 \*\*\* Mounds View Fax 763-259-1504 4849 Old Hwy 8 Mounds View MN 55112