



1880 Oakcrest Avenue Roseville, MN 55113-2602

Phone: 651-636-6646 Toll-Free: 1-800-735-3025

Fax: 651-636-8153 Toll-Free: 1-800-735-0860

Please FAX or Mail you completed application and Tax permit to the above.

ACCOUNT APPLICATION

Business Type: Sole Proprietorship Partnership Corporation Yrs. In Business _____

Company Name: _____

Primary Owner: _____

Address: _____

S.S. Number: _____

City: _____ ST. _____ Zip: _____

Res. Phone: _____

Business Phone: _____

Res. Address: _____

Business Fax: _____

City: _____ ST. _____ Zip: _____

E-Mail Address: _____

Ship to if different from above:

Address: _____

City: _____ ST. _____ Zip: _____

RESALE CERTIFICATE # _____

INCLUDE A COPY OF THE CERT. OR ST 3 FORM

Check Billing Preference: C.O.D. CREDIT CARD OPEN CREDIT (PROVIDE TRADE REFERENCES)

If Credit Card, Circle which one and provide: Signature on Card _____

American Express Discover MasterCard Visa

Account #: _____ Expiration Date: _____

Please furnish the names and complete addresses of your business bank and active suppliers where you have established credit. Please do not give department store or credit card references, as they do not reveal credit information. Also, no C.O.D. References.

Bank Name: _____ Phone Number: _____

Account Number: _____

Address: _____

City: _____ ST. _____ Zip: _____

Trade Reference: _____ Phone Number: _____

Account Number: _____

Address: _____

City: _____ ST. _____ Zip: _____

Trade Reference: _____ Phone

Number: _____

Account Number: _____

Address: _____

City: _____ ST. _____ Zip: _____

Applicants signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the terms established for your account and the following: We hereby apply for credit and certify that the information above is correct. A finance charge of 1 1/2% (18% annually) will be added to all unpaid invoices over 30 days past due. We agree to meet these terms, and those listed in the TC Moulding price catalog, if credit is extended.

I hereby personally guarantee to you the payment at TC Moulding in the state of Minnesota of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. **As part of the application for credit, we grant permission to contact consumer reporting agencies, commercial credit agencies, ban and trade references as necessary.**

Firm Name: _____

By: X _____ Date: _____

By: X _____ Date: _____

Please allow up to 10 days for your account to be established. Thank you! X area must be signed for credit to be granted.

TC Moulding Use Only!

Account Number Assigned _____ Date _____

Approved: _____

Check Complete: _____ Customer Notified: _____ Sales Territory Assigned: _____