



ABRASIVES OF ST. PAUL CUSTOMER CREDIT APPLICATION

BILL TO:

Company Name _____

Billing Address _____

City _____ State _____ Zip _____

Owner(s) Name(s) _____

Authorized Purchasing Agent _____

Accounts Payable Contact _____

Telephone _____ Fax _____

S.S. Number _____ Tax ID _____

Dun & Bradstreet Number _____

Are Purchase Numbers Required? (circle one) Yes No

REFERENCES:

BANK

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Contact _____

Checking Account No. _____ Loans _____

TRADE

Name _____

Telephone _____ Fax _____

Account Number _____

SHIP TO: (Leave blank if same as Bill To)

Company Name _____

Address _____

City _____ State _____ Zip _____

Estimated Yearly Purchases _____

Type of Business (please check one) proprietorship
 partnership
 corporation

Credit Limit Requested _____

REFERENCES:

PREVIOUS BANK (if current bank account is less than 2 years old)

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Contact _____

Checking Account No. _____ Loans _____

Terms & Conditions

Our company's terms are net 30, from shipment date on all invoices. We mail a copy of your invoice(s) the day of shipment, and a packing slip is included with shipment. For your convenience, we send out monthly statements on the 22nd of each month to summarize your activity, but our terms are on invoice date only. All past due balances are subject to a 1% interest rate per month. No returns will be accepted without approval from our office, and are subject to a 20% charge. Claims for shortage or damage must be reported within 5 days. Please send all correspondence to the PO Box listed below. To ensure proper posting, please list your account number and invoice number on your payment. We are a corporation in good standing; Our federal ID is 41-1749464.

 _____ Treasurer

In return for the extension of credit by Abrasives of St. Paul and its subsidiaries, we agree to abide by the terms and conditions listed above and on all invoices. I authorize Abrasives of St. Paul to check our credit history and obtain any information necessary regarding our credit history experience with the provided references.

Signature of Owner or Authorized Agent (required) _____ Date _____

Please sign this form even if you have an attached pre-filled application

P.O. Box 10747 • 1000 Labore Industrial Court • St. Paul, MN 55110 Toll Free: (800) 328.1094 • Fax: (651) 636.5774

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