



# 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; Out federal ID is 41-1749464.



Credit Manager

**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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