



BUSINESS CREDIT APPLICATION

phone 507-374-2239 fax 507-374-1094 e-mail AP@ctmmixers.com

Name & Billing Address

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax I.D. Number:
Address:			
City:		State:	Zip:
Accounts Payable Contact:			Phone Number:
Accounts Payable Email Address:			
<i>*Please be advised that we send our invoices via email the date your order ships</i>			

Name & Ship to Address

Name of Business:		
Address:		
City:	State:	Zip:

Bank References

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Loan #:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application and credit reporting agencies to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. All information provided is confidential and for the use of Con-Tech only.

ALL INVOICES ARE TO BE PAID 30 DAYS FROM THE DATE OF INVOICE.

There will be a 1.0% interest charge per month on all invoices that are 30 + days past due.

Signature

Date