613 -111th Ave. NE
Blaine, MN 55434
763.757.7100
763.772.0633 **fax**
www.LePageandSons.com **web**

APPLICATION FOR CREDIT

Company Name_____Phone_____Fax_____

Name/Title of person making application_____

Street address_____City_____State_____Zip_____

CORPORATION / NAME & ADDRESS OF OFFICERS

1) Name_____Address_____

2) Name_____Address_____

3) Name_____Address_____

TRADE REFERENCES (MINIMUM OF THREE)

Name_____Address_____Ph./Fax_____

Name_____Address_____Ph./Fax_____

Name_____Address_____Ph./Fax_____

BANK REFERENCES

Bank Name_____Account#_____Contact_____

Phone_____Address_____

Terms: Net 15 days, from the date of the invoice with out demand.
A service charge at the annual percentage rate of 18% annum (monthly rate is 1.5%) will be applied on all past due accounts.
Applicant's signature authorizes LePage & Sons Inc. to make inquiries with any credit reporting agency, bank or trade reference in connection with the extension of credit requested by the undersigned. Applicant's signature attests financial responsibility, ability and agreement to pay our invoices in accordance with above terms. LePage & Sons Inc. may at its sole discretion and without any advance notice discontinue further extension of credit. The undersigned also agrees that in the event the account is turned over to an attorney or collection agency for collection, the undersigned agrees to pay all attorney/collection fee & costs associated with the collection of this debt.

Company name_____Signature_____Title_____

I personally guarantee the above account.

_____

Signature Print Name Date