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ACCOUNT APPLICATION

FIRM NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ FAX NUMBER: _____

OWNER OF THE FIRM: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

FEDERAL TAX ID NUMBER: _____ LINE OF CREDIT REQUESTED: _____

MECHANICAL LICENSE NUMBER: _____

PLUMBERS LICENSE NUMBER: _____

SUBSURFACE SEWAGE TREATMENT SYSTEMS LICENSE NUMBER: _____

BANK NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FEDERAL TAX CLASSIFICATION: INDIVIDUAL/SOLE PROPRIETOR C CORPORATION S CORPORATION
 PARTNERSHIP TRUST/ESTATE

PREVIOUS PLUMBING SUPPLIER: _____

HOW MANY YEARS IN BUSINESS: _____

NUMBER OF EMPLOYEES: _____ ESTIMATED ANNUAL SALES: _____

HAS THE FIRM OR ANY OF IT'S PRINCIPLES EVER BEEN BANKRUPT? YES NO

IF YES, EXPLAIN _____

ANY MISREPRESENTATION IN THIS APPLICATION WILL BE CONSIDERED EVIDENCE OF FRAUD, SINCE THIS INFORMATION IS THE BASIS FOR THE EXTENDING OF CREDIT. AS AN INDUCEMENT TO GRANT CREDIT, THE UNDERSIGNED WARRANTS THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT. YOU ARE AUTHORIZED TO INVESTIGATE THE CREDIT REFERENCES AND PRINCIPLES LISTED.

(OVER)

IN CONSIDERATION FOR THE EXTENSION OF CREDIT, SAID BUSINESS PROMISES TO PAY FOR ALL PURCHASES WITHIN THE TERMS AGREED (NET THE 10TH) AND AGREES TO PAY A SERVICE CHARGE PER MONTH OF .67% PER MONTH (8% ANNUAL PERCENTAGE RATE) ON ALL PAST DUE BALANCES. IN THE EVENT ANY THIRD PARTIES ARE EMPLOYED TO COLLECT ANY OUTSTANDING MONIES OWED BY SAID BUSINESS THE UNDERSIGNED AGRESS TO REASONABLE COLLECTION COSTS, INCLUDING ATTORNEY FEES, WHETHER OR NOT LITIGATION HAS COMMENCED, AND ALL COSTS OF LITIGATION INCURRED. THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS THE AUTHORITY TO EXECUTE THIS CREDIT AGREEMENT ON BEHALF OF THE BUSINESS IDENTIFIED.

(NAME OF BUSINESS)

(PRINT NAME) (TITLE) (SIGNATURE)

(PRINT NAME) (TITLE) (SIGNATURE)

COD ACCOUNT ONLY (INFORMATION BELOW DOES NOT NEED TO BE COMPLETED IF BOX IS CHECKED)
CREDIT CARD FEES MAY APPLY

LIST 3 CREDIT REFERENCES:

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

IN ORDER TO PROCESS BANKING INFORMATION ST. HILAIRE SUPPLY CO. NEEDS TO HAVE YOUR ACCOUNT NUMBER AND AUTHORIZED SIGNATURE.

CHECKING ACCOUNT NUMBER: _____

I HEREBY AUTHORIZE THE ABOVE STATED BUSINESS'S TO RELEASE CREDIT INFORMATION TO ST. HILAIRE SUPPLY CO.

AUTHORIZED SIGNATURE: _____ DATE: _____