

5 Industrial Blvd, Sauk Rapids, MN 56379

Business Identity: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other: _____

Entity Legal Name: _____

DBA or Trade _____

Mailing Address: _____

Shipping Address: _____

Business Phone: _____ Business Fax: _____ Cell Phone: _____

Business Email _____

Date Present Ownership was established: _____ County Your Business is Located in: _____

Dated Incorporated: _____ State of Incorporation: _____ Federal Tax ID# _____

Contact person about payments _____

Anticipated monthly purchase: _____ A/P email address _____

Credit limit requested: _____ Do you require purchase orders? _____

Owner(s) & Principals

_____ Name	_____ Name	_____ Name
_____ Position	_____ Position	_____ Position
_____ Home Address	_____ Home Address	_____ Home Address
_____ City, State & Zip	_____ City, State & Zip	_____ City, State & Zip
_____ Home Phone	_____ Home Phone	_____ Home Phone

Bank Reference (Banking Information)

_____ Name	_____ Officer	_____ Federal ID #	_____ Bank Account #
_____ Address	_____ Phone #	_____ Bank Account #	_____ Bank Account #
_____ City, State & Zip	_____ Fax #	_____ Bank Account #	

Trade Reference (Must List (5) Sources - Please provide fax numbers for each reference.)

1) Name: _____ Phone #: _____ Fax #: _____	E-Mail Address: _____ Address: _____ City: _____ State: _____ Zip: _____
2) Name: _____ Phone #: _____ Fax #: _____	E-Mail Address: _____ Address: _____ City: _____ State: _____ Zip: _____
3) Name: _____ Phone #: _____ Fax #: _____	E-Mail Address: _____ Address: _____ City: _____ State: _____ Zip: _____
4) Name: _____ Phone #: _____ Fax #: _____	E-Mail Address: _____ Address: _____ City: _____ State: _____ Zip: _____
5) Name: _____ Phone #: _____ Fax #: _____	E-Mail Address: _____ Address: _____ City: _____ State: _____ Zip: _____

Credit Agreement

The policies, terms, and conditions set forth here represent an agreement between **HDL** and our customer.

Credit Terms:

1% 10th, Net 30. A cash discount of 1% is allowed on invoices **if paid on or before the 10th** of the month following the purchase. The cash discount is not allowed on payments made after the 10th of the month. Invoices not paid by the 10th are due in full on the last business day of the month. The customer agrees to pay a **finance charge** at a periodic rate of **1½% per month** (Annual Percentage Rate of 18%) or a minimum finance charge of .50 cents per month as permitted by state law on any account balance not paid when due. Account balances not paid by the last business day of the month following the month of purchase are past due. **Accounts continuing to be past due on the 15th of the month will be placed on C.O.D.**

Pricing:

All prices are subject to change without notice.

Freight:

All goods are FOB our Sauk Rapids, MN warehouse.

Returned Merchandise:

Returned merchandise must be accompanied by a Returned Goods Authorization and is subject to a restocking charge. Special order items (non-stock) are non-returnable. See **HDL** catalog for details of our Returned Goods Policy.

Bad Checks:

Any bad checks received will result in a \$25.00 charge.

Delinquent Accounts:

The customer shall pay all costs incurred by **HDL**, incurred in the collection of any indebtedness owed by the customer, including reasonable attorney fees and court costs.

The undersigned has read and agrees to the terms and condition as herein set forth.

NOTE: Must be signed by an officer or principal.

Company: _____

Signed: _____ Date: _____

Title: _____

E-Mail Address: _____

The undersigned individually guarantees full and prompt payment to **HDL**, of all obligations of the above-referenced customer.

Signed: _____ Date: _____

HDL office use only.

Approved: _____

Date: _____

Initial Credit Limit: _____

Comments: _____

Request for Bank Credit Information

The following customer has designated your bank as their principle banking reference, and has provided us with written authorization to request credit information. Any information you could release to us will be held in the strictest of confidence.

Sincerely,



Kurt Niemeyer
kniemeyer@hdlusa.com
(320) 255-9850 ext. 179

Applicant: _____ Account # _____

I authorize release of the following information. _____
(customer signature)

CHECKING ACCOUNT RELATIONSHIP:

Account opened: _____
Average balances: _____ Are they Aggregated Balances? _____
Low _____ Moderate _____ Medium _____ High _____

Figures in past 12 months: Number of times "OD" _____ Number of NSF checks _____

Account Rating: Satisfactory _____ Generally Satisfactory _____ Unsatisfactory _____

SAVINGS ACCOUNT:

Account Opened: _____ Average Balances: _____

LOAN ACCOUNT RELATIONSHIP: Nonborrowing: _____

Opening Date: _____ Type of Accommodation(s): _____
High Credit Secured: _____ Present Balance Secured: _____
High Credit Unsecured: _____ Present Balance Unsecured: _____
Open Line of Credit Amount: _____ Amount Currently Available: _____

Loan Experience/Comments: _____

Bank Signature _____
Title _____