



BUSINESS CREDIT APPLICATION

500 West 92nd Street
 Bloomington, MN 55420
 952-884-6033 (P)
 952-884-6034 (F)

BUSINESS CONTACT INFORMATION		
Company Name:	Authorized Signature:	
Primary Business Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Operated Under Present Ownership Since:	Date Business Est:	Website:
Type of Business:	Number of Employees:	
State The Capacity In Which You Will Be Doing Business: Proprietorship / Partnership / Corporation (circle one)		
Social Security #:	If Incorporated, Federal ID #:	ZIP Code:
Type of Business: Independent Installer / Work Room / General Contractor / Designer / Retail / Other (circle one)		
Would You Like a Monthly Statement: Y / N If Yes Would You Like One: Monthly Bi-Monthly	Do You Require Purchase Orders: Y / N	Would You Like a Monthly Statement: Y / N
Would You Like Invoices For Daily Purchases Sent To You: Y / N	Are Your Purchases Taxable: Y / N	If not taxable - please complete the resale/exemption certificate & return to us
Owner/Principal Name:	Title:	SS#
Owner/Principal Name:	Title:	SS#
Purchasing Contact:	Phone:	E-Mail:
Accounts Payable Contact:	Phone:	E-Mail:
Send Invoices Via: Mail / Fax / Email (circle one)	PO # Required: Y / N	Side mark Required: Y / N
BANKING INFORMATION		
Bank Name:		
Bank Address:		
City:	State:	ZIP Code:
Phone:	Contact name:	
Checking Acct #:	Loan Account #:	
BUSINESS/TRADE REFERENCES		
Company name:		Acct #:
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:		Acct #:
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:		Acct #:
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

Company name:		Acct #:
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:		Acct #:
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

AGREEMENT

To be considered for credit you must date and sign below and completely fill out application on pages 1 and 2. All questions must be answered using "No" or "None" where necessary.

I/We warrant the information shown in this application to be true and authorize Walcro, LLC. or its representative to investigate the references herein, statements or other data obtained from me/us or from any person pertaining to my/our credit and financial responsibility including commercial and consumer credit reports.

I/We also agree to notify Walcro, LLC. in writing of any change in the capacity in which I/We do business, i.e., proprietorship, partnership or corporation. Until such notice is given, Walcro, LLC. may presume that I/We do business in the capacity that I/we set forth in this application and all contracts entered prior to any notice of change shall be binding upon me/us in such capacity. Further, I/We shall have the burden of establishing if and when such notice was given.

If the account must be placed with an attorney for collection, whether a lawsuit is filed or otherwise, or if the services of an attorney are required to protect our interests, I/We do agree to pay all costs and suit fees, including a reasonable attorney's fee on the principal and service charges.

(EVERY OWNER/OFFICER PREVIOUSLY LISTED MUST SIGN)

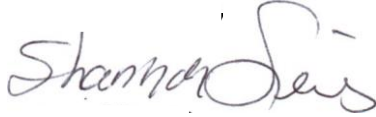
SIGNATURES		
Signature:	Title:	Date:
Signature:	Title:	Date:
Signature:	Title:	Date:

Letter of Authorization

Thank you for your interest in establishing a credit account with Walcro, LLC.

As an owner, please sign the authorization to release credit information below and give your Social Security number so I may perform a credit history check.

Thank you,



Credit Manager

The undersigned has recently applied for credit with Walcro, LLC. I authorize the investigation of my credit information history.

I understand that while Walcro, LLC. may use the information I've provided to them for reference, they are not required to rely solely on such in accepting or rejecting the application for credit for _____ (Company Name).

Signed: _____ Date: _____

Printed Name: _____ Title: _____

Home Address: _____

Social Security #: _____

A Company Dedicated to Quality Service and Strong Customer Relationships



INDIVIDUAL PERSONAL GUARANTY

FOR GOOD CONSIDERATION, and as an inducement for WALCRO, LLC. (Creditor), from time to time extend credit to _____, it is hereby agreed that the undersigned does hereby guaranty to Creditor the prompt, punctual and full payment of all monies now or hereinafter due Creditor from Customer.

Until termination, this guaranty is unlimited as to amount or duration and shall remain in full force and effect notwithstanding any extension, compromise, adjustment, forbearance, waiver, release or discharge of any party, obligor or guarantor, or release in whole or in part of any security granted for said indebtedness or compromise or adjustment thereto, and the undersigned waives all notices thereto.

The obligations of the undersigned shall at the election of Creditor be primary and not necessarily secondary and Creditor shall not be required to exhaust its remedies as against Customer prior to enforcing its rights under this guaranty against the undersigned.

The guaranty hereunder shall be unconditional and absolute, and the undersigned waive all rights of subrogation and set-off until all sums due under this guarantee are fully paid. The undersigned further waives all suretyship defenses or defenses in the nature thereof, generally.

In the event payments due under this guaranty are not punctually paid upon demand, then the undersigned shall pay all reasonable costs and attorney's fees necessary for collection, and enforcement of this guaranty.

If there are two or more guarantors to this guaranty, the obligations shall be joint and several and binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

This guaranty may be terminated by any guarantor upon (15) days written notice of termination, mailed certified mail, return receipt requested to Creditor. Such termination shall extend only to credit extended beyond said fifteen (15) day period and not to prior extended credit, or goods in transit received by

Customer beyond said date, or for special orders placed prior to said date notwithstanding date of delivery. Termination of this guaranty by any guarantor shall not impair the continuing guaranty of any remaining guarantors of said termination.

Each of the undersigned warrants and represents it has full authority to enter this guaranty.

This guarantee shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

This guaranty shall be construed and enforced under the laws of the State of _____.

SIGNATURES

Signature:

Print Name:

Date:

Personal Address:

SSN:

Please fax the completed form to 952-884-1975 or mail it to 500 West 92nd St. Bloomington, MN 55420