

Print this application, complete it and fax to: 651-457-1706
or mail to: Attn: Erica PO Box 6 – So. St. Paul, MN 55075



Application for Credit

Business Name: _____ Phone# _____

Physical Address: _____ Fax# _____

City: _____ State: _____ Zip Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Tax Exempt () Yes () No If yes, MCDP # _____

Purchase Order Required () Yes () No

Year Business Established: _____ Name of Owner: _____

Name of Accounts Payable Manager: _____ Phone: _____

Type of Ownership () Individual () Partnership () Corporation

Are you owned by a Parent Company ? Yes ____ No ____

If yes, complete the next two lines.

Name _____ Address _____

State _____ Zip _____ Phone _____

Please list any Subsidiaries, include Address/Phone

Name _____

Address _____

State _____ Zip _____ Phone: _____

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Banking Information

Name of Bank: _____ Account # _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone # _____

Fax # _____

Form of payment, circle one: Credit Card Check

Trade References

Name	Representative	Phone/Fax/email
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

In order to secure credit, I hereby authorize the investigation of all statements and references listed above and release any and all parties from any and all liability in furnishing the information required to establish a credit relationship. I further understand and agree that ownership of all merchandise remains with the seller until payment is received. All accounts are due and payable on the 30th day from invoice date. A 1 ½ % monthly finance charge will accrue on any past due balances.

By _____ Title _____ Date _____

Please complete and mail to: Bestway Inc – PO Box 6 – South St. Paul, MN 55075
Fax to: 651-457-1706 Attention Erica