



5121 Winnetka Ave N
 Suite 130
 New Hope MN 55428-4263

763.208.2266
 Fax 763.208.2366
 1.800.245.1391

For Office Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
Credit Limit \$ _____	
Approval _____	Date _____

Application For Credit

Date _____

Sales Person _____

Email Address: _____

Website _____

1. COMPANY INFORMATION

Full Legal Name/Business Entity	Phone Number	Fax Number
Billing Address	City	State
	Zip	County
Company Type:		
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchisee <input type="checkbox"/> Corporation Other _____		

2. BUSINESS CREDIT INFORMATION

Federal Tax I.D. (if incorporated)	Principal business for firm	Year business established
At present location since	Is business incorporated?	If so, under the laws of what state?
Credit line requested (USD)	Are you TAX EXEMPT? (If yes, please provide an exemption certificate)	Is a PO REQUIRED? (Yes or No)

*Please list all branch/affiliate store operations on back of application

3. BANK REFERENCES

Bank Name	Account #	Contact
Address	City	State Zip Phone

4. TRADE REFERENCES

Company Name	Contact	Account #
Address	City	State Zip Phone
Company Name	Contact	Account #
Address	City	State Zip Phone
Company Name	Contact	Account #
Address	City	State Zip Phone

1. Proprietor Guaranty / Authorization

By signing this Application, I authorize Insulation Supplies or its agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize Insulation Supplies to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with Insulation Supplies and the marketing of other products and services to me and my business by Insulation Supplies. If I request, you will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit reporting agency the furnished the report. I also acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of, and make all payments to Insulation Supplies required by, the agreement of which this Application is a part.

First Name	Initial	Last Name	Social Security Number	Driver's License Number
Present Home Address			Home Phone Number	
City	State		Zip	
Authorized Signature			Date	

IN COMPLETING THIS APPLICATION FOR CREDIT, WE HEARBY AGREE THAT ALL AMOUNTS ARE PAYABLE ON OR BEFORE THE TERM DATE REFLECTED ON THE INVOICE. IF THE INVOICE IS NOT PAID ON THE SAID DATE, THE INVOICE WILL BE VIEWED AS DELINQUENT. FURTHER WE AGREE TO PAY A DELINQUENCY FEE OF 1.5% PER MONTH ON ANY AMOUNT WHICH IS PAST DUE MORE THAN 30 DAYS FROM THE TERM DATE UNTIL PAID.

PURCHASE ORDERS WILL BE ACCEPTED AS LONG AS NO TERMS OTHER THAN THOSE SET FORTH BY INSULATION SUPPLIES ARE INCLUDED ON THE PURCHASE ORDER.

ALL RETURNED CHECKS WILL BE CHARGED A NSF FEE. THE NSF FEE WILL BE THE MAXIMUM AMOUNT ALLOWED BY THE STATE IN WHICH THE CHECK IS PAID. AFTER WHICH YOUR ACCOUNT MAY BE PLACED ON A "CASH ONLY" BASIS.

IF CREDIT IS GRANTED, WE THE UNDERSIGNED AGREE TO THE TERMS SET FORTH ABOVE. WE HEREBY PERSONALLY GUARANTEE THE PAYMENT OF ALL OBLIGATIONS TO INSULATION SUPPLIES UNTIL WITHDRAWN BY CERTIFIED MAIL. WE RECOGNIZE THAT THE CREDIT LINE MAY INCREASE OR DECREASE AT THE DISCRETION OF INSULATION SUPPLIES AT ANY TIME. I FURTHER AGREE THAT SHOULD THE ACCOUNT BE PLACED FOR COLLECTION DUE TO NON-PAYMENT, I WILL BE RESPONSIBLE FOR ALL REASONABLE ATTORNEY / COLLECTION FEES.

ALL INDEBTEDNESS DUE TO INSULATION SUPPLIES IS DUE AND PAYABLE AT ITS CORPORATE OFFICES LOCATED AT THE ADDRESS ON THE FRONT OF THE CREDIT APPLICATION

SIGNED _____

SIGNED _____

DATE _____

WITNESS _____

*****THIS APPLICATION MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED FOR CREDIT*****