



CREDIT APPLICATION

Mailing Address45 E. Maryland Avenue
St. Paul, MN 55117-4610**Fax Numbers**Local: (651) 489-0431
Toll Free: (800) 328-6599**Phone Numbers**Local: (651) 489-9999
Toll Free: (800) 328-6592

Firm Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Type of Business _____ Individual Corp. Partnership Year Established _____

Contact for Midwest Mailings _____

President (Owner) _____

Address _____ City _____ State _____ Zip _____

Vice President (Partner) _____

Address _____ City _____ State _____ Zip _____

Business Banking Account # _____ Account # _____ Phone _____

Name of Bank _____ Bank Officer _____

Address _____ City _____ State _____ Zip _____

References (Please give 4 names you buy from on an OPEN ACCOUNT basis.)

Name _____ Account # _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Account # _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Account # _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Account # _____ Phone _____

Address _____ City _____ State _____ Zip _____

Sales Tax Exemption #: _____ Is a Purchase Order # required: Yes No*Please enclose a copy of your sales tax exemption certificate*

Total Estimated Monthly Purchases from Midwest \$ _____

MIDWEST TERMS FOR AN OPEN ACCOUNT
1% 10th Prox. Net 30 Days, 1-1/2% per month, 18% per annum service charge added to all past due accounts.

In the event of non-payment, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees.

Officer's Signature Title Date
(Signature by Officer is mandatory for processing)

9/07

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our bank to release any information necessary to assist in establishing a line of credit.

Firm Name _____ Street Address _____

City _____ State _____ Zip _____

Authorized By _____ Title _____