



575 Humboldt Dr.
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CREDIT APPLICATION

COMPANY NAME: _____ DATE BUSINESS STARTED: _____

PHONE #: _____ FAX #: _____

MAIN ADDRESS: _____ GARAGE (IF DIFFERENT FROM MAIN): _____

STREET: _____ STREET: _____

CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____

AP EMAIL: _____

FEDERAL TAX ID# OR SOCIAL SECURITY #: _____

MERCH. ORDERED: _____ APPROX. COST: _____

PREFERRED PAYMENT METHOD (please circle one)? Net 30 Terms or Credit Card

OFFICERS (If partnership or sole proprietor – list personal references, bank loans, etc)

1. _____
2. _____
3. _____
4. _____

BANK REFERENCE:

BANK: _____ PHONE NUMBER: _____

CONTACT: _____

SUPPLIER REFERENCES: (Company name and phone number)

1. _____
2. _____
3. _____

SIGNED: _____ DATE: _____

TITLE: _____

ONLINE ACCOUNT AT MIDWESTBUSPARTS.COM? Yes or No (please circle one)

If yes, please specify the email address and name to use for the account:

EMAIL: _____

FIRST NAME: _____ LAST NAME: _____

Please attach a copy of the company's W-9 form.

Also, if tax exempt, please fill out a separate tax exemption form.