4000 Labore Road - St. Paul, Minnesota 55110 - Phone (651) 426-8111 - Fax (651) 426-6859

CUSTOMER CREDIT INFORMATION SWC ORDER #_____

Customer Name:_____

Billing Address:_____

Delivery Address:_____

City, State, Zip, County:_____

Phone #: (____)_____ Fax#:(____)_____

Contact Name:_____

Circle One: Corporation Partnership Proprietorship

Officer's/Owner's Name Title

_____ Phone #: (____)_____

_____ Phone #: (____)_____

Resale Tax ID#: _____Federal Tax ID#_____

Name Bank:_____

Address:_____

Phone #: (____)_____Fax #: (____)_____Contact:_____

TRADE REFERENCES:

	Company Name	City/State	Phone #	Fax #
1.				
2.				
3.				
4.				

Payment Frequency: ____ 14 days/bi-weekly ____ 10th monthly ____Other

I authorize the release of information for _____
Company Name

Signature: _____Date:_____
Title

A copy of your resale certificate must accompany this application. Thank you.