



205 East Main Avenue
 West Fargo, ND 58078
 701.282.6570
 Fax: 701.282.8870

7 North 3rd Street
 Grand Forks, ND 58203
 701.775.5503
 Fax: 701.775.5505

The following information is submitted for your consideration as a basis of extension of credit to us:

Business Name _____	Phone # _____
Address _____	Fax # _____
City _____	Soc. Sec. # _____
State _____ Zip _____	FEIN # _____
	Business started _____

The following information must be completed in full, and will be held in the strictest confidence.

Our legal entity is: Corporation LLC Partnership Proprietorship
 (If a corporation, list names of officers and titles. If other entity, list names of partners or owners.)

Name(s) of Principal(s)	Address	Position	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Type of Business: _____

If business is a division or subsidiary, list complete name & address of parent company: _____

If business is tax exempt, please attach exemption certificate.

Tax Exempt Number: _____

Bank Name _____	Bank Address _____
Bank Officer or Department _____	Account Number _____
Bank Phone Number _____	

REFERENCES

Company Name _____	Address _____	City, State, Zip _____	Phone / Fax _____
Company Name _____	Address _____	City, State, Zip _____	Phone / Fax _____
Company Name _____	Address _____	City, State, Zip _____	Phone / Fax _____
Company Name _____	Address _____	City, State, Zip _____	Phone / Fax _____

We agree to pay all invoices promptly. Invoices which remain unpaid 30 days past the invoice date shall be assessed a late charge from the date of invoice on the unpaid balance thereof at the rate of 1.5% per month, or the maximum lawful rate allowed under applicable law, whichever is less, will be charged. In addition, by signing below, we authorize release of necessary bank information to Business Essentials.

I/we hereby request open account terms with your company. In consideration of the extension of credit to our account, I or we individually, jointly and severally personally guarantee full and complete payment of account. We certify that all information on this application is correct; and that I/we fully understand your credit terms of Net 30. We further agree to pay all expenses of collection, including court costs and reasonable attorney's fees should it become necessary to refer the account for collection.

Signed: _____ Title: _____ Date: _____

Signed: _____ Title: _____ Date: _____

Witness: _____ Date: _____