



## Application for Credit

Date: \_\_\_\_\_

Name of Company or Individual: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Please Check One:      Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ or SS#: \_\_\_\_\_

Sales Tax Exempt: \_\_\_\_\_ YES      \_\_\_\_\_ NO (If exempt, attach certificate)

Length of Ownership: \_\_\_\_\_

Requested Credit Amount: \$ \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_

Should credit availability be granted by Warning Lites of Minnesota, Inc., all decisions with respect to the Extension or continuation shall be the sole discretion of Warning Lites of Minnesota, Inc., may terminate Any credit availability at any time.

**All Accounts accepted on terms will be NET 30 unless noted**

If partnership or Corporation, please list Partners or Officers:

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Authorized Representative Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Owner of Business: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Business References**

Name of Bank: \_\_\_\_\_

Business Banker Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Accounts Type(s): Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loan \_\_\_\_\_

Accounts Number(s): \_\_\_\_\_

**Please List THREE Business References:**

1.) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

2.) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

3.) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*\* THE UNDERSIGNED HEREBY PERSONALLY GUARANTEES PAYMENT OF ANY OBLIGATION OF THE ABOVE APPLICANT\*\***

I/We hereby authorized Warning Lites of Minnesota., Inc. to whom this application is made; to investigate the references listed pertaining to my/our financial responsibility.

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN FORM BY FAX TO: 612.521.0646**

**Attention: Kim Henke or email - [Khenke@warninglitesmn.com](mailto:Khenke@warninglitesmn.com)**