

# Mid-State Wholesale Tire

11415 County Road 75

St. Joseph, MN 56374

Phone: (320)-363-7246

Fax: (320)-363-7247

## Credit Application

Business Name \_\_\_\_\_ Year Business Established \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Shipping Address \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_

Federal # \_\_\_\_\_ Sales Tax # \_\_\_\_\_

How long in present business? \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Business \_\_\_\_\_ Fax #: \_\_\_\_\_

Owners, Partners, or Principal Shareholders:

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

## Trade References

Business Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Business Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Business Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Business Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

## Bank Reference

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Bank Address \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

I am authorized to make this application, and certify that the previous statements are true and complete. Terms of sale are net 10<sup>th</sup> of month following statement period and if any particular billing is not paid when due, all sales, regardless of prior terms, will become immediately due and owing upon demand by you. I agree to pay a late charge on all past due amounts of 1.5% per month or the maximum interest rate permitted by applicable law.

If any particular billing is not paid when due, I agree to pay in addition to the foregoing: 1) if this account is referred to an attorney for collection or if suit is brought to collect this account, I agree to pay all costs and a reasonable attorney's fee incurred on any appeal to an applicable court; and 2) if this account is placed in the hands of a collection agency, I acknowledge that you will be damaged thereby to the extent of the collection charge against you and I therefore agree to pay you, as liquidated damages, an amount equal to the amount charged you on said collection agency, and also all costs and reasonable attorney's fee.

For value received each and every party who signs this agreement or becomes liable either now or hereafter for any payment to which this agreement applies severely waives presentment, demand, protest and notice of nonpayment hereof, binds himself hereon as the principal and not as surety and agrees to remain bound hereon notwithstanding any extension that may be made to any party liable hereon. At the option of any plaintiff in an action to recover any portion of our account with you the venue of such action may be laid in Stearns County, Minnesota. As used herein, the singular shall include the plural and vice versa.

I give you permission to make inquiry on financial, credit and related matters at my bank, lending firm and references listed on this application, and they are authorized to give you any information their files contain.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
\*This signature must be of an owner or principal shareholder of the business

The undersigned agree to the above terms and conditions and assumes personal responsibility for payment of all amounts which said applicant has agreed to pay, including any attorney's fees, costs, and collection charges.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
\*This signature must be of an owner or principal shareholder of the business

