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Phone: 763-571-8700 Fax: 763-571-8702
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Application for Credit

Please Type or Print the following information

Name of Business: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Shipping Address: _____ Fax _____

A/P Contact Name: _____ Telephone: _____

ALL APPLICANTS MUST HAVE A VALID CREDIT CARD ON FILE AS BACK UP:

Card Number: _____ Name on Card: _____ Exp: _____

Card Billing Address: _____

Corporation: _____ Partnership: _____ Limited Partnership: _____ Proprietorship: _____

If Incorporated, City and State in which Incorporated: _____

If Subsidiary, Name and Address of Parent Company: _____

Nature of Business: _____ Date Established: _____

State Sales Tax Number: _____ City Sales Tax Number: _____

Owners or Corporate Officers:

Name: _____ Title: _____ SS#: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Name: _____ Title: _____ SS#: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Bank Reference:

Name: _____ Acct Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Officer's Name: _____ Telephone: _____ Fax: _____

Trade References:

Supplier: _____ Telephone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Supplier: _____ Telephone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Supplier: _____ Telephone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Is the undersigned willing to furnish a copy of the most recent financial Statement? Yes _____ No _____

Are any of the Principles willing to sign a personal guarantee? Yes _____ No _____

We are requesting an open credit line of \$ _____ based upon anticipated purchases of \$ _____, and believe our business is financially able to pay for all goods purchased and to satisfy all billings within invoice terms.

TERMS OF AGREEMENT

PAYMENT: 2%-10/net 30. No late payment charge is made on accounts paid within 30 days. Accounts not paid within 30 days will on our billing date be charged 1.75% late payment charge each month, which is 21% annual percentage rate. Minimum charge of \$.50 per month.

PAST DUE ACCOUNTS: Late payment charged is due immediately. If an account is past due, future orders are subject to being put on COD basis without further notice.

COLLECTION COSTS: In the event payment is not made and collection action is instituted, the customer agrees to pay all reasonable costs of collection, including attorney's fees and court costs.

I/We hereby authorize Abrasives Incorporated to review information contained in this application and authorize our bank and trade references to release any requested information for the purpose of granting credit upon their request. I also understand and agree to the TERMS OF AGREEMENT as stated above. Must be signed by a principal or officer of the company.

Name: _____ Title: _____

Signature: _____ Date: _____

Company Name: _____

I agree that my faxed signature may be accepted as an original

The undersigned agrees 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.

By: _____ Date: _____

I agree that my faxed signature may be accepted as an original

Office Use: \$ Credit Limit Approved: