North Central Fabricators, LLC CREDIT APPLICATION FOR A BUSINESS ACCOUNT



| | | | Business References |
|---|--------------------------|--------------------------------|---------------------------------|
| Full Legal Business or Individu | ual Name | | |
| | | | Company Name |
| Doing Business As | | | |
| | | | Complete Address |
| Billing Address | | - | |
| | | | Contact Name/Account Number () |
| City/State/Zip | - | _ | Telephone Number |
| (| (| | () Fax Number |
| Telephone No. | Fax No. | | E-Mail |
| | | | |
| Owner/President's Name | | | Type of Account |
| | | | Company Name |
| Federal ID # | | | Company Ivanic |
| _ | | | Complete Address |
| Date business commence | | | - |
| Sole proprietorship | | | Contact Name/Account Number |
| Corporation | Other | | () Telephone Number |
| How long at current addr | ress? | | () Fax Number |
| Accounts Payable Name: | | | |
| | | | E-Mail |
| AP email address: | | | Type of Account |
| D | . 3 7 N T. | | _ |
| Purchase Order required: | resNo | | Company Name |
| Remittance preference: _ | CheckEFT | | Complete Address |
| | • | | Complete Address |
| Estimated: \$Sales | \$ Receivables | Estimated monthly | Contact Name/Account Number |
| | 1100017400100 | purchases | () Telephone Number |
| | | | () |
| We warrant the information | n provided to be true. I | , an authorized officer, grant | Fax Number |
| permission to investigate th | E-Mail | | |
| I agree to pay North Central Fabricators, LLC terms of Net 30 days. All invoices past the due date are subject to a 1.5%/Month Finance charge. If the account is | | | Type of Account |
| | | | |
| placed with a collection agency or an attorney, whether a lawsuit is filed or otherwise, or if services of an attorney are required to protect our interest, we agree | | | Bank Reference |
| to pay all collection costs, reasonable attorney's fees, interest, and any costs | | | Bank Name |
| associated with placing your obligation with a collection agency or attorney. In addition, we agree to pay all charges on all returned checks on our account. We | | | Dank Ivaine |
| understand the return check charge is \$33.00 per check. We shall be subject to | | | Complete Address |
| jurisdiction in Isanti County | | , | |
| X | | | |
| A Signature | | Date | Contact Name/Account Number |
| | | | Telephone Number |
| Print Name | | Title | () Fax Number |
| i init i vanit | | 1100 | E-Mail |
| | | ı | 1-111411 |