

CREDIT APPLICATION*



Account #: _____
Salesperson: _____
Area: _____
Tax: _____
Office Use Only

Main Office and Warehouse:

- ☐ New Brighton, MN 55112 - P.O. Box 120150 - 2050 Old Highway 8
(651) 633-5020 - (800) 444-2657

Branches:

- ☐ Bismarck, ND 58502 - 315 S. 22nd Street - (701) 222-7500 - (888) 217-9122
- ☐ Cedar Falls, IA 50613 - 5200 Nordic Drive, Suite A - (319) 553-0101 - (877) 626-3358
- ☐ Cedar Rapids, IA 52404 - 960 32nd Ave SW - (319) 298-8950 - (800) 445-6427
- ☐ Duluth, MN 55806 - 3116 W. Michigan St - (218) 740-4323 - (866) 444-4899
- ☐ Eagan, MN 55122 - 1975 Seneca Road, Suite 300 - (651) 452-7222
- ☐ Eau Claire, WI 54701 - 2050 Esmond Road - (715) 832-8922 - (800) 444-9457
- ☐ Fargo, ND 58102 - 4203 - 12th Ave NW - (701) 282-2692 - (800) 444-2857
- ☐ La Crosse, WI 54603 - 202 Sky Harbour Dr - (608) 881-7537 - (844)-400-6618
- ☐ Lincoln, NE 68521 - 2139 Cornhusker Hwy - (402) 438-6600 - (866) 940-6006
- ☐ Madison, WI 53713 - 908 Stewart Street - Madison, WI 53713 - (608) 259-1454
- ☐ Omaha, NE 68127 - 10206 "J" Street - (402) 331-3300 - (800) 366-4050
- ☐ Plymouth, MN 55447 - 2800 Vicksburg Lane North - (763) 559-7454
- ☐ Rapid City, SD 57702 - 1450 Samco Road - (605) 721-9519 - (866) 307-7917
- ☐ Rochester, MN 55904 - 1746 - 3rd Avenue SE - (507) 282-5072 - (800) 444-9757
- ☐ St. Cloud, MN 56303 - 4611 Rusan Street, Suite 2 - (320) 255-1590 - (800) 441-0557
- ☐ Sioux Falls, SD 57104 - 1509 C Avenue - (605) 332-7376 - (800) 919-0994
- ☐ Urbandale, IA 50322 - 10827 Prairie Dr, Suite A - (515) 270-7028 - (800) 337-1667

Please **check** the appropriate **location** of the
Branch you will most likely visit, then:

Fax: (651) 604-6862, **E-mail:** darrell@hanksspec.com
or
Mail to: P.O. Box 120150, New Brighton, MN 55112

Name: _____
Phone #: _____

* PLEASE NOTE:

Hank's Specialties, Inc. is a wholesale supplier to the floor covering industry. If your primary business is not floor covering related, Hank's may not be able to furnish you with a credit

Date: _____

CREDIT APPLICATION *(Must be filled out completely)*

Name: _____

Billing Address: _____

City: _____ State _____ Zip _____

Phone # : _____ Fax #: _____

Shipping Address: *(if different from above)* _____

The capacity in which you will be doing business with us: ☐ Individually ☐ Corporation ☐ Partnership

☐ LLC ☐ LLP ☐ OTHER: _____

Firm's Full Legal Name *(if different from above)* _____

If a corporation, LLC or LLP, please state approx. date of formation: _____ Month _____ Year

Name	Address	Title
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_____	_____	_____
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_____	_____	_____
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Do you belong to a buying group? _____

Have any of the companies or principals listed above ever been a debtor in a bankruptcy proceeding? _____

Has any judgement ever been entered against any of the companies or principals listed above? _____

Are there any legal actions or arbitration pending against any of the companies or principals listed above? _____

Type of Business _____ Yrs in Business _____ # Emp _____

Tax Exempt Number: _____ State _____ Tax Exempt Yes No
(Sales and Use Tax Exempt #) Please Include copy of your State Tax Exempt Certificate. ☐ ☐

Principal Bank: _____

Address: _____

Phone #: _____ Contact Name: _____

TO WHOM IT MAY CONCERN, PLEASE CONSIDER MY SIGNATURE ABOVE AS WRITTEN PERMISSION FOR YOU TO RELEASE TO HANK'S SPECIALTIES SUCH INFORMATION AS IS NECESSARY FOR THEM TO EXTEND THE ABOVE NAMED FIRM OR INDIVIDUAL A COMMERCIAL LINE OF CREDIT.

Type of Accounts: Checking; Account # _____

☐ Savings; Account # _____

☐ Loan; Loan Officer's Name _____

CREDIT REFERENCES: (Open Accounts Only) *To ensure faster response, please include the Fax number of the reference provided*

Firm Name: ☐ _____

Phone # : _____ Fax #: _____

Address: _____

City: _____ State _____ Zip _____

ADDITIONAL CREDIT REFERENCES:

Firm Name: _____

Phone # : _____ Fax #: _____

Address: _____

City: _____ State _____ Zip _____

Firm Name: _____

Phone # : _____ Fax #: _____

Address: _____

City: _____ State _____ Zip _____

Firm Name: _____

Phone # : _____ Fax #: _____

Address: _____

City: _____ State _____ Zip _____

I/we warrant the information shown in the application to be true and authorize Hank's Specialties. I/we authorize Seller from time to time to obtain Business and Consumer Credit Reports on Customer or any principals listed above or to obtain credit and funding information for any other source.

I/we agree to notify in writing of any change in the capacity in which I/we do business, i.e., individual, partnership, corporation, LLC or LLP. Until such notice is given, Hank's Specialties may presume that I/we still do business in the capacity that I/we set forth in this application and all contracts entered into prior to any receipt of change, shall be binding upon me/us in such capacity. Further, I/we understand and agree that I/we shall have the burden of proving if and when such notice received.

I/we also agree to pay a service charge of 18% per year (equaling 1 1/2% per month) on the accrued, unpaid balance of any bill which is not paid in full within thirty (30) days. The service charge will be applied to the outstanding balance at the end of each monthly billing cycle. There is a minimum service of \$2.00 per month if any bill has not been paid in full within thirty (days). Hank's Specialties may modify the percentage of interest charged from time to time up to the highest amount allowed by law, and I/we agree to pay assessed interest as modified up to the highest legal amount.

If my/our account must be placed with an attorney for collection, whether a lawsuit is filed or otherwise, or if the services of an attorney are required to protect our interest, I/we do agree to pay all collection costs, including reasonable attorney's fees. "Reasonable attorney's fees" include, but are not limited to, 33 1/3% of the outstanding balance of principal and accrued interest.

Customer expressly agrees to submit to personal jurisdiction in Minnesota and agrees that the forum for any litigation pursuant to this Agreement or any other contract between Seller and Customer, whether Seller or Customer brings suit, shall be the County of Ramsey, Minnesota. This Agreement shall be governed by and construed in accordance with the laws of Minnesota.

Date: _____

Amount of Credit Requested \$ _____

Authorized Person: _____ Authorized Signature: _____

Title: _____ Social Security #: _____

Person in charge of Accounts Payable: _____

Daytime Phone #: _____ Email Address: _____

Hank's Terms: 2% 10 days; net 30 days, (unless specified on the invoice)

**CREDIT APPLICATION NOT ACCEPTED
WITHOUT APPROVAL OF SELLER'S CREDIT DEPARTMENT**

TO BE COMPLETED BY ALL CUSTOMERS APPLYING AS A CORPORATION, LLC OR LLP, IF SUCH CORPORATION, LLC OR LLP HAS BEEN FORMED WITHIN THE LAST THREE (3) YEARS.

PERSONAL GUARANTY

In consideration of HANK'S SPECIALTIES, hereinafter called the seller, supplying goods and services for and on behalf of, or at the request of _____
(name of corporation, LLC or LLP)

whose address is _____

hereinafter called the buyer, the undersigned jointly and severally hereby personally guarantee to the seller the payment of any sums now owing and all sums to become due the seller thereafter for goods and services provided or performed for said buyer or at the request of the buyer, said sums shall include accrued interest, collection costs and reasonable attorney's fees, if any, whether said sums are owing or become due under contract or an open account, and the undersigned waives demand for payment and notice or non-performance and non-payment.

It is expressing understood by all the parties hereto that if HANK'S SPECIALTIES extends credit to the above named buyer, it does so in reliance upon this guaranty as well as the present financial strength of the buyer.

Dated: _____

Names: _____
(print) (signature)

(print) (signature)

NOTE: Signature of owners required above