



10004 Goodhue St. NE
Blaine, MN 55449
PH: 763-253-4455
FAX: 763-253-4454

Application for Credit

Date: ____/____/____

Contact: _____

General Information

Name: _____ Credit Requested: _____

Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

Check One: () Sole Ownership () Partnership () Corporation

Type of Business: _____ Date Started: _____

Tax Exempt? Y N (if yes, please fill out attached ST3 form)

Tax Exempt No. : _____ Federal Tax ID No. : _____

Bank Information

Bank Name: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Account No. : _____

Contact: _____

Trade References

Name: _____ Phone No. : _____

Address: _____ Email address: _____

Name: _____ Phone No. : _____

Address: _____ Email address: _____

Accounts Receivable Contact

Name: _____ Phone No. : _____

Email Address: _____ Fax No. : _____



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Authorization:

We hereby authorize Waterjet Cutting Solutions Inc. to investigate the references listed pertaining to our credit and financial responsibility. We understand your terms of payment (net 30 days) and agree to pay our account within the stated credit terms. We acknowledge that signature, by a company officer, is acceptance of these terms.

Signed: _____ Date: ____ / ____ / ____

Print Name: _____ Position: _____



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Customer Agreement

In order to maintain an open account with Waterjet Cutting Solutions Inc. customers are required that all of our customers sign and return the attached Terms of Sale. Without a signed copy of this document all orders processed will be on a COD basis only.

TERMS AND CONDITIONS:

Payment terms are Net 30.

Accounts not paid within the 30 days of the date of the invoice may be subject to a finance charge of 1.5% per month (18%) annual with a minimum of \$1.00.

Accounts that have a balance of more than 60 days past due will be put on a credit hold until the account is brought current. If the account is not brought to current or no forward progress has been made the account maybe be forwarded to an outside collections agency as needed. The fees associated with the collection process along with any court and attorney fees will also be added to the balance.

The Terms and Conditions in this document must be approved and signed by an owner, corporate officer, partner or an agent authorized to enter into legal binding agreements.

Business Name: _____

Signature: _____ Title: _____

Name (please print): _____ Date: _____