



831 PARK AVENUE
PO BOX 247
HAMBURG MN 55339

952-467-2720
APRILK@wmmueller.com

Equal Opportunity Employer

CREDIT APPLICATION

Company name		Date business commenced
Applicant's name		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other
Phone		
E-mail		

BUSINESS AND CREDIT INFORMATION

Postal address: City, State ZIP Code		Bank name:	
Business Address City, State ZIP Code		City State	
How long at current address		Phone	
AP Contact name		Account No.	
E-mail		Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	

AGREEMENT

1. Invoices are to be paid in accordance with the terms printed on the invoice or 25 days from the date of statement.
2. Claims arising from invoices must be made within seven (7) working days.
3. Failure to abide by these terms and conditions may result in interest and/or late fees being assessed to the applicant's account.
4. By submitting this application, you authorize Wm. Mueller & Sons, Inc. to make inquiries to the banking and business/trade references that you have supplied.
5. **If your organization is sales tax exempt, provide a copy of your exemption certificate with this application.**

SIGNATURES

Signature			
Printed Name			
Title		Date	