



831 PARK AVENUE
PO BOX 247
HAMBURG MN 55339

952-467-2720
accounting@wmmueller.com
FAX 952-467-3894

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

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

SIGNATURES

Signature		
Printed Name		
Title		Date