

Business/Governmental Agency Credit Application

Fax To: 651-493-0689

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number or SSN
Address:			
City:	State:	ZIP:	Phone:

Desired Amount of Credit/Standard Terms

Desired Amount of Credit.	\$
Payment Terms – Emergency and Disaster Supplies reserves the right to accept or reject any order. We extend credit, based upon credit application review, to the maximum of NET 30 days.	OTHER:
A 1.5% per month late charge will be applied on past due balances and any freight allowances will be disallowed.	
No deductions may be made in remittance on invoices due without prior authorization.	

Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	
Governmental Agency <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:
(Additional) Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:

Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan: Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone: