



3225 COMO AVENUE S.E., MINNEAPOLIS, MN 55414  
 (612) 617-5800 FAX (612)623-9070

**CREDIT APPLICATION**

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

COMPANY INFORMATION			
COMPANY NAME		TRADE NAME/DBA	
BILLING ADDRESS		SHIPPING ADDRESS	
TELEPHONE	FAX NUMBER	TYPE OF BUSINESS	
DATE ESTABLISHED	NO. OF EMPLOYEES	YEARS AT LOCATION	
PLEASE CHECK ONE	<input checked="" type="radio"/> INDIVIDUAL	<input type="radio"/> CORPORATION	FEDERAL TAX ID# (FOR CORPORATION)
	<input type="radio"/> PARTNERSHIP	<input type="radio"/> SUB-S CORP	ANNUAL SALES
PRESENT MAJOR SUPPLIERS/TRADE REFERENCES			
NAME		PHONE	FAX
ADDRESS		CITY	ST ZIPCODE
NAME		PHONE	FAX
ADDRESS		CITY	ST ZIPCODE
NAME		PHONE	FAX
ADDRESS		CITY	ST ZIPCODE
NAME		PHONE	FAX
ADDRESS		CITY	ST ZIPCODE
BANK REFERENCE			
NAME OF BANK		PHONE	FAX
ADDRESS		CITY	ST ZIPCODE
CHECK ACCOUNT #		LOAN ACCOUNT #	

SALES TAX STATUS: EXEMPT \_\_\_\_\_ ACCT# \_\_\_\_\_ APPLICABLE \_\_\_\_\_

**IF CLAIMING TAX EXEMPTION STATUS, YOU MUST ENCLOSE A COPY OF YOUR EXEMPTION CERTIFICATE.**

In accordance with the Fair Credit reporting Act, Public Law 9-508, I authorize the above-mentioned company to receive full information as requested, relating to our credit and bank experiences. The undersigned in consideration for the terms of sale stated herein and for the extension of credit by Viking Materials Inc. hereby agrees that the term of sale are : 1/2% ten days, net 30 days. In the event of default in payment and if the same is placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection, including attorney's fee. The undersigned does hereby certify that the information contained above is true and correct, and that no bankruptcy has been taken, nor any unpaid judgments are open, and further, agrees that any changes in ownership, officers or form that the business operates as, shall be made known to Viking Materials Inc. This notice shall be in writing and mailed to the corporate offices of Viking Materials Inc., 3225 Como Ave S.E., Minneapolis, MN 55414 by certified U.S. mail.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_



Owner Information: \_\_\_\_\_

Website: \_\_\_\_\_

Does your company have more than one location we will be shipping to? YES NO

Tax Exempt? YES NO If yes, please provide a copy of your Tax Exemption Certificate.

Contacts: Purchasing Payables
Phone or Ext Phone or Ext
Fax Fax
Email Email
Quality Receiving
Phone or Ext Phone or Ext
Fax Fax
Email Email

Receiving:
Days / Hours:
Type of Unloading:
Delivery or CPU:
Type of Trailer:
Special Requirements:

Packaging:
Coil:
Max Weight:
Max O.D.:
Min I.D.:
Eye to Side or Eye to Sky?
Skid and Banding Requirements:
Spacer Size on Multiple Coils:
Special Requirements:
Sheets/Blanks:
Max Weight:
Max Height:
Skid and Banding Requirements:
Special Requirements:
Special Tagging Requirements:

Certs Required? YES NO Chemical: Physical:

Remarks: