



MID-MN LUMBER, LLC

CREDIT APPLICATION

138 W Sorenson Ave.
Appleton, MN 56208
320.289.2714 ♦ FAX 320.289.2715
midmnlumber.com

Date _____

BUSINESS CONTACT INFORMATION

Name of Applicant		Date business commenced	
Title		Driver's License #	
Company name		Applicant's Address	
Business Address		City, State, ZIP	
City, State, ZIP Code		Phone	
Phone		Do you own or rent your home?	<input type="checkbox"/> Own <input type="checkbox"/> Rent

BUSINESS CREDIT REFERENCES

Company name		Phone	
Address		City, State, ZIP	
Type of account with this company	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other, specify _____		
Company name		Phone	
Address		City, State, ZIP	
Type of account with this company	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other, specify _____		

BANK/FINANCIAL INFORMATION

Bank name:		Phone	
Address:		FAX:	
City, State, ZIP		Account #:	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other, specify _____		
Bank name		Phone	
Address:		FAX:	
City, State, ZIP		Account #:	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other, specify _____		

AGREEMENT

- All invoices are to be paid by the **10th of the month** following the purchase. If payment is not received by that date, any discounts previously granted and included in the late payment will be charged back and appear on subsequent invoices. Late fees will be assessed on the unpaid portion.
- By submitting this application, you authorize **Mid-MN Lumber, LLC** to make inquiries into the banking and business/trade references that you have supplied. We will contact you if credit approval is granted.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	