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CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Date Business Commenced: / /

Name: Title:

Company Name:

Registered Address:

Sole Proprietorship: Partnership: Corporation: Other: City State Zip

BUSINESS AND CREDIT INFORMATION

Primary Address:

How Long at Current Address? City State Zip E-mail:

Telephone: () Fax: ()

Bank Name:

Bank Address:

Type of Account: Account No.: City State Zip

BUSINESS/TRADE REFERENCES

Company Name:

Address:

Telephone: () City State Zip Fax: ()

E-mail: Type of Account:

Company Name:

Address:

Telephone: () City State Zip Fax: ()

E-mail: Type of Account:

Company Name:

Address:

Telephone: () City State Zip Fax: ()

E-mail: Type of Account:

All invoices are to be paid 30 days from the date of invoice. Claims arising from invoices must be made within seven working days.

By submitting this application, you authorize Con-Tech Manufacturing, Inc. to make inquires into the banking and business/trade reference that you have supplied.

Signed: Title: Date: