



Application for Credit

Business Name: _____ Phone# _____

Physical Address: _____ Fax# _____

City: _____ State: _____ Zip Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Tax Exempt () Yes () No If yes, MCDP # _____

Purchase Order Required () Yes () No

Year Business Established: _____ Name of Owner: _____

Name of Accounts Payable Manager: _____ Phone: _____

Type of Ownership () Individual () Partnership () Corporation

Are you owned by a Parent Company ? Yes ____ No ____

If yes, complete the next two lines.

Name _____ Address _____

State _____ Zip _____ Phone _____

Please list any Subsidiaries, include Address/Phone

Name _____

Address _____

Phone: _____

State _____ Zip _____

Will you be paying by (credit card) or (check), circle one



Banking Information

Name of Bank: _____ Account # _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone # _____

Fax # _____

Trade References

| Name | Representative | Phone/Fax/email |
|-----------|----------------|-----------------|
| (1) _____ | _____ | _____ |
| (2) _____ | _____ | _____ |
| (3) _____ | _____ | _____ |

In order to secure credit, I hereby authorize the investigation of all statements and references listed above and release any and all parties from any and all liability in furnishing the information required to establish a credit relationship. I further understand and agree that ownership of all merchandise remains with the seller until payment is received. All accounts are due and payable on the 30th day from invoice date. A 1 ½ % monthly finance charge will accrue on any past due balances.

By _____ Title _____ Date _____

Please complete and mail to: Bestway Inc – 1201 So. Concord St – South St. Paul, MN 55075
Fax to: 651-797-0872 Attention Erica
Email: e.berg@bestwayinc.com