



# CREDIT APPLICATION

Bristol Location | 400 Commonwealth Avenue | Bristol, VA 24201-3820 | Phone: (276) 645-8000 | Fax: (276) 645-8132  
Chatfield Location | 1610 Highway 52 South | Chatfield, MN 55923-9797 | Phone: (507) 867-3479 | Fax: (507) 867-4031

\* Required

The following information is required of all customers. Fill this section out in its entirety.

\* Company Name: \_\_\_\_\_

\* Street Address: \_\_\_\_\_

\* City, State, Zip: \_\_\_\_\_

\* Dun & Bradstreet Number: \_\_\_\_\_ \* Phone Number: \_\_\_\_\_

\* Date Business Started: \_\_\_\_\_ \* Email Address: \_\_\_\_\_

\* Website Address: \_\_\_\_\_ \* A/P Contact: \_\_\_\_\_

\* Select one:

- I am exempt from paying any sales tax and will provide Strongwell with a signed completed exemption certificate (sample certificate attached).
- I am subject to sales tax and will be charged tax in the states where Strongwell is registered to remit sales tax.
- In states where Strongwell is not registered, I accept responsibility for timely reporting and remitting of all taxes due.
- Company domiciled outside the USA

\_\_\_\_\_ \* Authorized Signature \_\_\_\_\_ \* Title \_\_\_\_\_ \* Date

\* Invoice Preference (Provide email or mailing address)

Email Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**\*\*THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY TO APPLY FOR AN OPEN ACCOUNT\*\***

**1<sup>st</sup> Trade Reference**

Business Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ FAX \_\_\_\_\_ Email Address \_\_\_\_\_

**2<sup>nd</sup> Trade Reference**

Business Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ FAX \_\_\_\_\_ Email Address \_\_\_\_\_

**3<sup>rd</sup> Trade Reference**

Business Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ FAX \_\_\_\_\_ Email Address \_\_\_\_\_

**Bank Reference**

Business Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ FAX \_\_\_\_\_ Email Address \_\_\_\_\_

On behalf of the Company first named above, I hereby authorize any of the references listed above to provide Strongwell with credit information on the Company as required to establish credit terms.

\_\_\_\_\_ \* Authorized Signature \_\_\_\_\_ \* Title \_\_\_\_\_ \* Date