



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 _____

Complete this portion if you are applying for an open account or provide standard credit references

1st Trade Reference

Business Name _____ Contact Person _____

Address _____

City, State, Zip _____

Phone Number _____ FAX _____ Email Address _____

2nd Trade Reference

Business Name _____ Contact Person _____

Address _____

City, State, Zip _____

Phone Number _____ FAX _____ Email Address _____

3rd 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 _____

In signing this application I/we do so with the understanding that I/we agree to pay all purchases per Strongwell's terms on the invoice(s). Also if it becomes necessary to effect collection, I/we agree to pay the actual amount of attorney's fees in addition of my/our bill PLUS interest and allowable court costs. I hereby authorize any of the references listed above to provide Strongwell with credit information as required to establish credit terms.

_____ * Authorized Signature _____ * Title _____ * Date