



COMMODITY SPECIALISTS COMPANY

Wesley J. Mahlberg
Credit Manager

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CREDIT APPLICATION

DATE: _____

CUSTOMER NAME: _____ CREDIT REQUESTED: \$ _____

ADDRESS: _____ PHONE _____

CITY/STATE/ZIP: _____ FAX: _____

EMAIL ADDRESS: _____

NAME OF OFFICER, OWNER OR ACCT MANAGER: _____ TITLE: _____

PERSON TO CONTACT RELATING TO INVOICE OR PAYMENT: _____

LEGAL STRUCTURE: CORPORATION _____ LLC _____ LLP _____ PARTNERSHIP _____ PROPRIETORSHIP _____

NUMBER OF YEARS IN BUSINESS: _____

HAVE YOU OR YOUR COMPANY EVER FILED BANKRUPTCY? _____ YES _____ NO

ATTACH CURRENT BALANCE SHEET AND OPERATING REPORT D&B RATING: _____

BANK REFERENCE:

NAME: _____ BANK OFFICER: _____

ADDRESS: _____ PHONE #: _____

CITY/STATE/ZIP: _____ FAX #: _____

ACCOUNT #: _____

TRADE INFORMATION: LIST VENDORS WHOSE CREDIT EQUALS CREDIT REQUESTED

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
PHONE: _____	PHONE: _____
FAX #: _____	FAX #: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
PHONE: _____	PHONE: _____
FAX #: _____	FAX #: _____

ALL LINES MUST BE COMPLETED (PLEASE ATTACH COPY OF BALANCE SHEET AND OPERATING REPORT).

We agree that all of the above information is correct. We also agree to allow a representative of Commodity Specialists Company to contact the bank listed above for further information regarding credit history. We authorize the above listed references to release the information requested as related to the obtaining of supplier credit. We agree to the terms and conditions of the sale as stated on the contracts & invoices.

COMMENTS: _____

(CUSTOMER REPRESENTATIVE)

(DATE)