

# Credit Application

New Account  Existing Account ACCOUNT # \_\_\_\_\_  
 MNH1 Fleet Management LLC 7140 42<sup>nd</sup> Ave. N. New Hope, MN 55427

ASTERISKS (\*) DENOTE REQUIRED FIELDS. PLEASE PRINT LEGIBLY.

\* CORP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_ LLC \_\_\_\_\_ OTHER \_\_\_\_\_

\* COMPLETE LEGAL NAME: \_\_\_\_\_

\* DBA (COMPANY NAME): \_\_\_\_\_

\* Contact Person Regarding Payment: Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

\* BILLING ADDRESS: \_\_\_\_\_  
 STREET CITY STATE ZIP

\* SHIP TO ADDRESS: \_\_\_\_\_  
 (IF DIFFERENT) STREET CITY STATE ZIP

\* BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ ACCTS. PAYABLE CONTACT \_\_\_\_\_

AGE OF BUSINESS \_\_\_\_\_ YEARS OF PRESENT OWNERSHIP \_\_\_\_\_ \* FEDERAL ID # \_\_\_\_\_

\* TERMS REQUESTED: NET 10<sup>TH</sup> PROX \_\_\_\_\_ CASH ON DELIVERY \_\_\_\_\_ CHECK ON DELIVERY \_\_\_\_\_

\* CREDIT LIMIT REQUESTED \$ \_\_\_\_\_ \* TAXABLE YES \_\_\_\_\_ NO \_\_\_\_\_ ("NO" ATTACH EXEMPT FORM) PO Required YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE LIST NAMES OF OWNERS, OFFICERS OR THOSE RESPONSIBLE FOR PAYMENT

1.	NAME	HOME ADDRESS	HOME PHONE	SOCIAL SECURITY # (if Sole Proprietor)
2.	NAME	HOME ADDRESS	HOME PHONE	SOCIAL SECURITY #

PLEASE LIST YOUR BANK AND PRIMARY SUPPLIERS

1.	* BANK NAME	ACCOUNT #	FAX #	PHONE #
2.	* COMPANY NAME	CONTACT NAME	FAX #	PHONE #
3.	COMPANY NAME	CONTACT NAME	FAX #	PHONE #

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above-named business credit grantor, from time to time as may be needed, in the credit evaluation process.

I hereby authorize any bank, trade reference, or agency to furnish account information and payment experience on any accounts in my name(s) To MNH1 LLC, I further hold harmless any bank, trade reference, or agency for providing information.

\* **OWNER SIGNATURE REQUIRED FOR PROCESSING!** SIGNED X \_\_\_\_\_

MNH1 Fleet Sales Manager INITIALS \_\_\_\_\_

- 1.) **TERMS:** Customer agrees to pay the balance due on the 10<sup>th</sup> of the month following the purchase date.
- 2.) **INTEREST CHARGES:** Customer agrees that an interest charge of 2% per month will be assessed on past due balances and will become part of the balance due.

Contact Responsible for Fleet Repair decisions: NAME: \_\_\_\_\_ Phone \_\_\_\_\_