



P.O. Box 2232 • Cloquet, MN 55720
218/878.0200 • fax 218/879.2040

APPLICATION FOR CREDIT

Name of Firm _____ Phone _____

Name/Title of Person Making Application _____ Fax _____

Street Address _____ City _____ State _____ Zip _____

Type of Business _____ TAX EXEMPT [] YES [] NO Federal ID# _____

Corporation / Name & Address of Officers:

1) Name/Title _____ Address _____

2) Name/Title _____ Address _____

3) Name/Title _____ Address _____

Trade References (Minimum of 3)

Name _____ Address _____ Phone/Fax _____

Name _____ Address _____ Phone/Fax _____

Name _____ Address _____ Phone/Fax _____

Bank Reference

Bank Name _____ Account # _____ Contact _____

Phone _____ Address _____

Terms: Net 10 days EOM, payable the 10th of the month following purchase.

A service charge at the annual percentage rate of 18% per annum (monthly rate is 1.5%) will be applied on all past due accounts.

Applicant's signature authorizes SHAMROCK to make inquiries with any credit reporting agency, bank or trade reference in connection with the extension of credit requested by the undersigned. Applicant's signature attests financial responsibility, ability and agreement to pay our invoices in accordance with above terms. SHAMROCK may at its sole discretion and without any advance notice discontinue further extension of credit. The undersigned also agrees that in the event the account is turned over to an attorney or a collection agency for collection, the undersigned agrees to pay all attorney/collection fees & costs associated with the collection of this debt.

Firm Name _____ Signature _____ Title _____

I Personally Guarantee The Above Account

Signature _____ Print Name _____ Date _____