



1060 5TH AVE SE ,HUTCHINSON MN 55350 320-587-3079 OR 1-800-795-1299 FAX 320-587-7184
BUSINESS CREDIT APPLICATION

Company name:

Phone:	Fax:	E-mail:
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Registered company address:

City:	State:	ZIP Code:
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Date business commenced: _____ I Federal Id: _____

Sole proprietorship:	Partnership:	Corporation:	Other:
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OWNERS NAME: SSN:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:	State:	ZIP Code:
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How long at current address?

Telephone:	Fax:	E-mail:
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Bank name:

Bank address: _____ Phone: _____

City:	State:	ZIP Code:
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Type of account	Account number
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Savings	
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Checking	
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Other	
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BUSINESS/TRADE REFERENCES

Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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Type of account:

Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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Type of account:

Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Hutchinson Co-op to make inquiries into the banking and business/trade references that you have supplied.
4. The signatures signed below also accept full personally guarantee all debts, finance charges, and cost of collection incurred by the company submitting this application. You also agree to pay a finance charge of 1 ½ % per month on any amount unpaid after 30 days and to pay all collection cost, including reasonable attorney's fees.

SIGNATURES

Title: Date:	Title: Date:
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