



### Credit Application

**When Complete - FAX to 612-638-1405**

In order to quickly process your request for the privilege of purchasing The Impact Companies services on credit. **Please answer all of the following questions - Not just Trade References**

Credit Level Requested \$ \_\_\_\_\_ Corporation \_\_\_\_\_ LLC/LLP \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Federal Tax# \_\_\_\_\_ SSN# \_\_\_\_\_

Years in Business \_\_\_\_\_ Duns# \_\_\_\_\_

Other Present Locations \_\_\_\_\_

Prior Locations \_\_\_\_\_

#### Partners or Individuals Owning Business:

1. Name \_\_\_\_\_ Address/Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address/Phone \_\_\_\_\_

#### Trade References:

Company \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

FAX# \_\_\_\_\_

**Bank** \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

Bank Officer \_\_\_\_\_

Checking Account# \_\_\_\_\_

Company \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

FAX# \_\_\_\_\_

Company \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

FAX# \_\_\_\_\_

On Behalf of the company or individual requesting consideration for an open line of credit, it is understood that Impact Mailing of MN, Inc. at its sole discretion, determines the credit worthiness of the applicant. This act of submitting an application does not obligate, in any manner, Impact Mailing of MN, Inc. to provide a line of credit. Furthermore, it is understood that credit worthiness changes from time to time and the credit decision by Impact Mailing of MN, Inc. is subject to change without notice.

#### CREDIT TERMS

All credit accounts are due upon receipt. Any amount unpaid after 30 days will be considered past due and subject to a service charge of 1 1/2% per month (18% Annual) or the highest rate allowable by law and the customer may at the creditors option be placed on a cash basis. In addition, the customer agrees to pay all cost (including actual attorneys and collection fees) incurred in the collection of any unpaid amount. Impact Mailing of MN, Inc. may at their option commence legal action based upon this application in the Minnesota courts, in that event customer consents to the jurisdiction of the Minnesota Courts.

I hereby certify that I am authorized to make application for and receive goods on credit for the above named corporation, partnership, or individual. I also certify that to the best of my knowledge all information provided in this credit statement is accurate and hereby give my permission to your company to verify any or all facts disclosed herein.

**Applicant Signature** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

#### PERSONAL GUARANTY

In Consideration of the extension of credit to the above named corporation, I PERSONALLY and INDIVIDUALLY hereby unconditionally guarantee payment of whatever amount shall at any time be past due including all expenses of collection (actual attorneys and/or collection fees) on any account of goods hereafter delivered or services performed by you to said corporation. This shall be an open and continuous guaranty and shall continue in force notwithstanding any change in the form of such indebtedness, or renewals, or extensions granted by you.

**Personal Guarantor Signature** \_\_\_\_\_

**Date** \_\_\_\_\_