



Credit Application

BUSINESS CONTACT INFORMATION

Company Name		Date business commenced	
DBA		<input type="checkbox"/> Sole proprietorship	TIN:
Phone		<input type="checkbox"/> Partnership	
E-mail		<input type="checkbox"/> Corporation	
Registered company address City, State, ZIP Code		<input type="checkbox"/> Other	

BUSINESS AND CREDIT INFORMATION

City, State, ZIP Code		Bank name:	
How long at current address?		Primary business address City, State, ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State, ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State, ZIP Code		E-mail	
Type of account		Other	

AGREEMENT TERMS AND PERSONAL GUARANTEE

We affirm all information provided on this form is true and correct and further authorize Vonco and its representatives to investigate personal credit and financial records, including bank records. We authorize Vonco to verify the information and/or obtain additional information by securing data from a credit reporting agency. We affirm financial responsibility, and it is understood that payment terms are **net thirty (30) days** and that any balances not paid within these terms shall be subject to a late charge. We agree to pay a monthly finance charge of **1.5% per month or 18% annually** on all balances more than thirty (30) days past due. We agree to pay all costs of collection and litigation on this account and by signing below, you acknowledge and agree that any legal proceeding or dispute related to this Credit Application or the relationship between the parties named herein will be governed by and interpreted according to the laws of the State of Minnesota and you further hereby acknowledge and consent that the exclusive jurisdiction for any such legal proceeding or dispute shall be Sherburne County District Courts, State of Minnesota, regardless of choice of law principles. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

In consideration of the extension of credit to Vonco, I hereby personally guarantee the debts and obligations of my business and agree that I am personally obligated to perform all of the terms and to pay on demand all sums due and to become due to Vonco and all losses, costs, attorney's fees, or expenses which Vonco may suffer by reason of our company default. We authorize Vonco and Affiliates to apply any past due balance to this credit card. (Visa, Master Card, Discover Card and American Express accepted) Please provide a corporate credit card number as back up for payment. This will card will only be charged if the account goes over 60 days past due. Credit information will be kept strictly confidential.

Credit Card # _____ Exp Date: _____ CVC # _____ Credit Limit: _____

Name on Card: _____ Billing Address: _____

AUTHORIZED SIGNATURES

Signature *		Signature	
Name and Title		Name and Title	
Date		Date	

*(note: If a partnership, all partners must sign. If a corporation, an authorized corporate officer must sign.)