



Corporate Credit Department
 Box 249 • Dodge Center, MN • 55927
 Toll Free 1-800-430-6110
 Fax 507-633-8811
 credit@mneilus.com

Credit Application - Form
 Credit
 05/09/11
 1 of 2

Company Name: _____

Billing Address: _____

City: _____ State: _____ ZIP + 4: _____

Phone: _____ Fax: _____

Shipping Address: _____

City: _____ State: _____ ZIP + 4: _____

Type of Business: _____ Year Started: _____ Legal Form: _____ Fed ID#: _____

TAX EXEMPT? Yes _____ No _____ # of Employees: _____ Credit Requested \$: _____

****All States requires an Exemption Certificate on file****

Buyer: _____ Phone: _____ Email: _____

A/P Contact: _____ Phone: _____ Email: _____

How would you like to receive invoices? _____ Fax Fax #: _____

_____ Email Address: _____

RECEIVING & UNLOADING INFORMATION

Receiving Hours: _____ Max. Skid Weight _____ LBS Unload: _____ By Hand
 M - F _____ AM _____ Forklift
 _____ PM Max. Bundle Weight _____ LBS _____ Overhead Crane
 _____ Other

Require MILL CERTIFICATION? Yes _____ No _____ Fax #: _____

Email: _____

Special packaging instructions: _____

Directions to your location: _____



**** OUR TERMS ARE: NET 30 DAYS FROM DATE OF INVOICE ****

Owner(s): _____ Email: _____

Home Address: _____

Social Security #: _____ Home Phone: _____

BANK REFERENCE:

Bank Name: _____ Phone: _____

Address: _____ Fax: _____

TRADE REFERENCES: (Please include at least one Steel Supplier)

Business Name: _____ Phone: _____

Address: _____ Fax: _____

Business Name: _____ Phone: _____

Address: _____ Fax: _____

Business Name: _____ Phone: _____

Address: _____ Fax: _____

Business Name: _____ Phone: _____

Address: _____ Fax: _____

Applicant's signature certifies that the information provided is correct. A service charge will be applied to all accounts past due. In the event of my account becoming seriously past due, I am aware that I will be held responsible for any legal and/or collection fees assessed to collect the debt.

I authorize you to contact references and obtain information that may be needed to establish a credit account with McNeilus Steel, Inc.

Date: _____

Authorized Signature: _____

Title: _____



OFFICE OF STATE TAX COMMISSIONER

CERTIFICATE OF PROCESSING

SFN 21954 (11-2002)

I hereby certify that the tangible personal property purchased from _____ is purchased for manufacturing, fabricating or compounding other tangible personal property to be sold ultimately at retail; that I hold Sales and Use Tax Permit No. _____.

Dated _____

(Signature of buyer)

(Address of buyer)

"Buy North Dakota Products"