



# CREDIT APPLICATION

*Friendly Steel Handlers*  
<http://www.mcneilus.com>  
Revised 2/2007

**Corporate Credit Dept.**  
Box 249 ▪ Dodge Center, MN ▪ 55927  
Toll Free 1-800-430-6110  
Fax 507-633-8811  
[credit@mcneilus.com](mailto:credit@mcneilus.com)

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP + 4 \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP + 4 \_\_\_\_\_

Business Type \_\_\_\_\_ Start Date \_\_\_\_\_ Legal Form \_\_\_\_\_ Fed ID# \_\_\_\_\_

TAX EXEMPT? Y \_\_\_\_\_ N \_\_\_\_\_ # 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: _____
M-F _____ AM		_____ By Hand
_____ PM	Max. Bundle Weight _____ LBS	_____ Forklift
		_____ Overhead Crane
		_____ Other

Require MILL CERTIFICATION? YES \_\_\_\_\_ NO \_\_\_\_\_

Special packaging instructions: \_\_\_\_\_

Directions to your location: \_\_\_\_\_

\_\_\_\_\_

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

Owner(s) \_\_\_\_\_ EMail \_\_\_\_\_

Home Address \_\_\_\_\_

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

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 \_\_\_\_\_

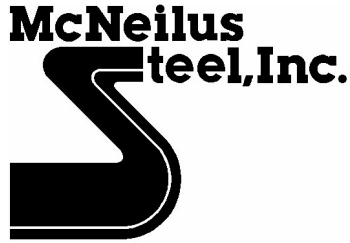
**Applicant's signature certifies that the information provided is correct. A service charge will be applied to all accounts past due. In the event of my account becoming seriously past due, I am aware that I will be held responsible for any legal and/or collection fees assessed to collect the debt.**

**We submit all accounts monthly to these consumer credit agencies: DnB (Dunn & Bradstreet) and Experian.**

**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 \_\_\_\_\_



PERSONAL GUARANTY and
PERSONAL CREDIT REPORT AUTHORIZATION

Legal Business Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

In consideration of the extension of credit to the above named company, I personally and individually hereby unconditionally guarantee the payment of whatever amount shall at any time be past due (including all expenses of collection, reasonable attorneys and/or collection fees). This agreement is made and entered into in the State of Minnesota and at the creditor's option any litigation of any dispute arising hereunder may be commenced in the State of Minnesota. In that event, I, the undersigned guarantor, hereby consent to the jurisdiction of the courts of the State of Minnesota.

This Guaranty shall continue in full force and effect unless written notice of revocation is received by McNeilus Steel, Inc. by certified mail. Such notice of revocation shall be ineffective as to any then existing indebtedness of customer to McNeilus Steel, Inc., or as to any transaction or commitment previously undertaken by McNeilus Steel, Inc. in reliance upon this Guaranty.

Signature

Date

Type or print name

SSN

I the undersigned guarantor, in recognition that my credit history may be a continuing, necessary factor in the evaluation of this ongoing personal guaranty, hereby consent to and authorize creditor to obtain and use my consumer credit report periodically in the ongoing credit evaluation process of the effect and duration of this personal guaranty.

Signature

Date

Type or print name

SSN

# Certificate of Exemption

**Purchaser:** Complete this certificate and **give it to the seller.** Do not send to the Department of Revenue.

**Seller:** Keep this certificate as a part of your records. If this certificate is not fully completed, you must charge tax.

**Print or type**

Check one  
 **Single purchase certificate**     **Blanket certificate** (if checked, this certificate continues in force until cancelled by the purchaser)

Name of purchaser's business or organization \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Purchaser's state tax ID number \_\_\_\_\_ State of issue \_\_\_\_\_

If no number, give reason \_\_\_\_\_

Name of seller from whom you are purchasing, leasing or renting \_\_\_\_\_

Seller's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Describe business/exempt items**

Describe the nature of your business or organization. Include a description of the items normally sold in your business, if applicable.

\_\_\_\_\_

\_\_\_\_\_

Describe the items for which you are claiming exemption.

\_\_\_\_\_

\_\_\_\_\_

**Type of exemption**

Circle the exemption reason code. Enter the number or title where applicable.

Code	Description
<b>A</b>	<b>Agricultural or industrial production.</b>
<b>B</b>	<b>Direct pay.</b> Enter DP# _____
<b>C</b>	<b>Exempt organization.</b> Enter ES# or type of group _____
<b>D</b>	<b>Motor carrier direct pay.</b> Enter MCDP# _____
<b>E</b>	<b>Multiple points of use.</b>
<b>F</b>	<b>Percentage exemption.</b> <input type="checkbox"/> Advertising (enter percentage) _____% <input type="checkbox"/> Utilities (enter percentage) _____%
<b>G</b>	<b>Resale.</b>
<b>H</b>	<b>Resource recovery facility.</b> Enter CN# _____
<b>I</b>	<b>Other.</b> Enter title _____

**Sign here**

*I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY—If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)*

Signature of authorized purchaser \_\_\_\_\_ Print name here \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
 (    )

If you have questions, call 651-296-6181. TTY: Call 711 for Minnesota Relay.  
Forms and fact sheets are available on our website at [www.taxes.state.mn.us](http://www.taxes.state.mn.us).