



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

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 _____

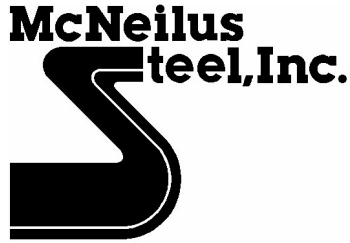
Applicant's signature certifies that the information provided is correct. A service charge will be applied to all accounts past due. In the event of my account becoming seriously past due, I am aware that I will be held responsible for any legal and/or collection fees assessed to collect the debt.

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



OFFICE OF STATE TAX COMMISSIONER
CERTIFICATE OF RESALE
SFN 21950 (11-2002)

I hereby certify that I hold _____ Sales and Use Tax permit number _____. I am engaged in the business
(State)

of selling, leasing or renting _____.

I further certify that the tangible personal property purchased from _____
is purchased by me for resale.

**I further certify that I will report and remit any sales or use tax and any penalties which attach as a result of purchases from
the above seller which are used or consumed by me.**

Business Name

Business Address

Authorized Signature

Date



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"