



CREDIT APPLICATION

PO BOX 100, 1008 Railway Ave, Alpena, SD 57312
(605) 849-3582

Title:		Date Business Commenced:	
Company or Individual Name:		Business Type (circle one): Sole Proprietorship Partnership Corporation Other: _____	Federal Tax ID #:
Phone:			_____
Fax:			
E-mail:			Requested Credit Limit:
Registered Address:			\$
City, State & Zip Code:			_____

BUSINESS AND CREDIT INFORMATION

Street or Box Address:		Bank Name:	
City, State & Zip Code:		Primary Business Address:	
Phone:		City, State & Zip:	
Fax:		Phone:	
E-mail:		Contact Name:	
		E-mail:	

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:	
Company Name:		Phone:	
Address:		Fax:	
City, State & Zip Code:		E-mail:	
Type of Account:		Other:	

AGREEMENT

1.	All invoices are to be paid 10 days from the end of the month.
2.	Customer agrees to pay a service charge on any and all past due accounts, currently an APR of 24%.
3.	By submitting this application, you authorize Stan's Inc. to make inquiries into the banking and business/trade references that you have supplied.
4.	Please return to elainep@stansinc.net for approval.

SIGNATURES

Signature:		Signature:	
Name & Title:		Name & Title:	
Date:		Date:	