



7878 12th Ave. South Bloomington, MN 55425
Phone: (952) 854-4400 Fax: (952) 854-4441
orders@epsalesinc.com

Application For Credit

Company Name: _____ Phone _____

Billing Address: _____ Fax _____

City: _____ State: _____ Zip: _____

FED ID #: _____ Sales Tax ID #: _____

Principals (Name, Title, Residence Address, email address):

Suppliers (Open Account References):

Name:	Address:	Phone:	Fax:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank:

Checking Account #: _____ Savings Account #: _____

By signing below, authorization is given to EP Sales, Inc. to check the credit history of the company listed above, and exchange information about how the company handles accounts. The signature below authorizes the bank and any other reference listed above to release information to EP Sales, Inc. in order to determine eligibility for credit, and the company also agrees to furnish EP Sales, Inc. any additional information it may need to determine credit eligibility.

The signature below signifies agreement to meet credit terms of Net 30 Days with all overdue amounts subject to finance charges of 1.5% per month plus any costs incurred by EP Sales, Inc. in its efforts to collect such overdue amounts.

Name: _____ Signature: _____ Title: _____ Date: _____