

**PNEU-MOTION, INC.**

3140 104<sup>th</sup> Lane  
Blaine, MN 55449  
(763) 786-4239 FAX (763)786-4729

**Application for Credit**

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Company Name	Phone No. (    )	Fax No. (    )
Street Address	City	State      Zip Code
Billing Address	City	State      Zip Code
Purchasing Agent	AP Contact	AP Phone No. (    )

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**OWNERSHIP**

Legal Entity: Corporation\_\_\_\_ Partnership\_\_\_\_ Proprietorship\_\_\_\_ LLC\_\_\_\_

Federal ID NO. \_\_\_\_\_ How long in business? \_\_\_\_\_

Are your purchases subject to sales tax? Yes\_\_\_\_ No\_\_\_\_ Sales Tax Exempt No. \_\_\_\_\_

When does your company pay invoices? \_\_\_\_\_ Accounts Payable Contact \_\_\_\_\_

Type Of Business \_\_\_\_\_

List Names of Officers, or Owner, or Partners' Names	Titles
_____	_____
_____	_____
_____	_____

**TRADE REFERENCES**

1. Company Name	Phone No. (    )	Fax No. (    )
Address	City	State      Zip Code
2. Company Name	Phone No. (    )	Fax No. (    )
Address	City	State      Zip Code
3. Company Name	Phone No. (    )	Fax No. (    )
Address	City	State      Zip Code

**BANK REFERENCE**

Bank Name and Address	City	State	Zip Code
Account No.	Phone No. (    )	Fax No. (    )	

The information provided is for the purpose of establishing credit with Pneu-Motion Inc. I certify that all information provided is correct. I understand your credit terms require payment within 30 days and agree to comply with those terms. By my signature, I am authorizing the release of credit information from the references listed above. I also agree to pay any reasonable collection expenses incurred if this account becomes delinquent.

Signature	Title	Date
_____	_____	_____