

CADD/Engineering Supply, Inc. Credit Application

Headquarters

6901 E Fish Lake Rd # 150
Maple Grove, MN 55369
Tele 763-315-8711
Fax 763-315-1383

National Sales

8509 Freeway Dr.
Macedonia OH 44056
Tele 330-468-4751
Fax 330-467-3668

Digital Document Solutions

2707 S Carolyn Ave Suite 2
Sioux Falls SD 57106
Tele 605-332-2550
Fax 605-332-8020

Sales & Service

9419 E. San Salvador Dr.
Suite 101B
Scottsdale, AZ 85258
Tele 480-551-3200

BUSINESS INFORMATION

Company Name _____ Telephone _____ FAX _____

Postal Address _____ Shipping Address _____

City _____ State _____ Zip _____ Parent Company, if any _____

Years in Business _____ No. Of Employees _____ Federal ID No. _____ Sales Tax # _____

Type of ownership [] INDIVIDUAL [] PARTNERSHIP [] CORPORATION

Please indicate names of:

President

Vice President

Accounts Payable Contact

Secretary

Treasurer

E-mail address for sending Invoices and Statements _____

OWNERS/OFFICERS INFORMATION

1. Name _____ Title _____ Home Phone _____

Home address _____ City _____ State _____ Zip _____

2. Name _____ Title _____ Home Phone _____

Home address _____ City _____ State _____ Zip _____

TRADE REFERENCES

Please attach a separate sheet.

BANK REFERENCE

Bank name _____ ACCT No: _____ Tele: _____

Address _____ City _____ State _____ Zip _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT AFTER YOU HAVE COMPLETED APPLICABLE SECTIONS

YOU ARE AUTHORIZED TO CONTACT PARTIES INDICATED ON THIS APPLICATION FOR VERIFICATION. FOR PURPOSES OF OBTAINING CREDIT. WE HERBY CERTIFY THAT THE INFORMATION GIVIN IN THIS APPLICATION IS TRUE AND ACCURATE, AND ANY FINANCIAL INFORMATION SUBMITTED CORRECTLY REFLECTS OUR FINANCIAL CONDITION. WE AGREE TO PAY ALL INVOICES WITHIN 30 DAYS AND TO PAY SERVICE CHARGES ON AMOUNTS PAID AFTER INVOICE DUE DATES AT A RATE OF 1.5% PER MONTH, OR THE MAXIMUM ALLOWABLE RATE, WHICHEVER IS LESS. IN EVENT SUIT IS INSTITUTED TO COLLECT AMOUNTS OWINGTO YOU AND A JUDGEMENT IS RENDERED IN YOUR FAVOR, WE AGREE TO PAY COURT COSTS AND REASONABLE ATTORNEY FEES. WE HAVE READ AND UNDERSTAND THIS AGREEMENT.

Date _____ Authorized Signature _____ Print Name _____

Title _____

PERSONAL GUARANTEE (PLEASE DO NOT INCLUDE TITLE WHEN SIGNING PERSONAL GUARANTEE)

FOR VALUE RECEIVED. INCLUDING MERCHANDISE, SERVICES, OR OTHER VALUABLE CONSIDERATION. I HEREBY UNCONDITIONALLY GUARANTEE AT ALL TIMES FULL AND PROMPT PAYMENT UPON DEMAND, OF ANY INDEBTEDBESS WHICH HAS BEEN INCURED UNDER THIS AGREEMENT. I UNDERSTAND THIS TO MEAN THAT I WILL PERSONALLY GUARANTEE PAYMENT OF ALL DEBTS AND OBLIGATIONS UNDER THIS AGREEMENT

Date _____ Authorized Signature _____ Print Name _____

SSN _____ Birth Date _____

Address _____ City _____ State _____ Zip _____