

# 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

**Sales & Service**  
9035 E Pima Center Parkway  
Suite 13  
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. \_\_\_\_\_ Tax exempt?  YES  NO

Type of ownership  INDIVIDUAL  PARTNERSHIP  CORPORATION

Please indicate names of:

\_\_\_\_\_  
President Accounts Payable Contact

E-mail address for sending Invoices and Statements \_\_\_\_\_

Are purchase order #'s required?  YES  NO

## 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 GIVEN 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 OWING TO 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 INDEBTEDNESS 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 \_\_\_\_\_