

ORIGINATOR

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Office (651) 646-6141
Toll Free (800) 328-6505

9205 Lake Drive NE, Columbus MN 55025

Email info@vikingindustrialcenter.com

APPLICATION FOR CREDIT

Date: _____

COMPANY: _____

Application Requested by: _____

INVOICE TO:

SHIP TO:

(Address/P.O.Box) _____

(Street Address) _____

(City, State & Zip) _____

(City, State & Zip) _____

Phone: _____ Fax: _____

Email: _____

Invoice Preference: Fax ___ Email ___

If your company is Tax Exempt, a copy of the certificate is required.

Years in business: _____

Accounts Payable Contact: _____

Trade References:

Name of Supplier

Phone Number

Fax Number (required)

1. _____

2. _____

3. _____

Bank Reference:

Name of Bank _____

Phone Number _____

Contact at Bank _____

Account Number _____

If application is not complete it will not be processed.

The above information is given for the purpose of establishing a line of credit and is a true and correct statement.

Signature

Title

Date

This application must be signed by a corporate officer or authorized representative who thereby grants permission to suppliers to release confidential credit information to Viking Industrial Center.

**Please email or fax completed credit application to:
info@vikingindustrialcenter.com
(651) 646-7546**