

Becker Arena Products, Inc. Customer Profile

720 Innovation Drive. Shakopee, MN, USA 55379
Toll Free 800-234-5522 | Tel 952-890-2690 | Fax 952-890-2680



Full Legal Business or Individual Name _____
Doing Business As _____
Billing Address _____
City/State/Zip _____
Main business location (if different than above) _____
City/State/Zip _____
Any other business locations _____
City/State/Zip _____
Shipping Address _____
City/State/County/Zip _____
E-mail Address _____
(_____) (_____) _____
Telephone No. Fax No. _____
Owner/President's Name/Social Security No. _____
Owner's Home Address & Telephone Number _____
Federal ID No. Tax Exempt No. – Send Copy of Form _____
How long in business? _____
Current Ownership in Place Since _____
Accounts Payable Contact: _____
Check one: Individual Partnership Corporation
Estimated: \$ _____ \$ _____ \$ _____
Sales Receivables Desired Credit

We warrant the information provided to be true. I, an authorized officer, grant permission to investigate the references, including commercial and consumer credit checks. I agree to pay Becker Arena Products, Inc.'s within stated terms of sale and/or Net 30 days. A service charge of 18 percent per year will be imposed upon the accrued, unpaid balance of any bill not paid within 30 days. If the account is placed with an attorney, whether a lawsuit is filed or otherwise, or if services of an attorney are required to protect our interest, we agree to pay all costs and suit fees, including a reasonable attorney's fee on the principal. In addition, we agree to pay all charges on all returned checks on our account. We understand the return check charge is \$20.00 per check. We also understand and agree that all litigation will be in the State of Minnesota.

X _____
Signature **Date**

_____ **Title**

Personal Guarantee

As additional consideration for the extension of credit to _____
the undersigned personally guarantees and agrees to _____
(Company or Individual Name)
pay, when due, and upon demand, full amount of any indebtedness owed to Becker Arena
Products, Inc. by the _____ in
connection with such sales. _____
(Company or Individual Name)

X _____
Signature **Date**

_____ **Title**

X _____
Witness **Date Witnessed**

***Please be sure to include your business references fax numbers to speed the approval process. Thank you!

Business References

Complete Name _____

Complete Address _____

Contact Name/Account Number
(_____) _____

Telephone Number
(_____) _____

Fax Number _____

Complete Name _____

Complete Address _____

Contact Name/Account Number
(_____) _____

Telephone Number
(_____) _____

Fax Number _____

Complete Name _____

Complete Address _____

Contact Name/Account Number
(_____) _____

Telephone Number
(_____) _____

Fax Number _____

Bank Reference

Financial Institution _____

Complete Address _____

Contact Name/Account Number
(_____) _____

Telephone Number
(_____) _____

Fax Number _____

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age. The federal agency that administers compliance with this law is the Federal Trade Commission.

_____	_____	_____	_____
Approved By	Credit Line	Terms	Sales Rep