

# CREDIT APPLICATION

1750 Howard Drive  
North Mankato, MN 56003



MANUFACTURERS OF MIG & TIG WELDING PRODUCTS AND CONSUMABLES

## APPLICANT

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
COUNTRY \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
EMAIL \_\_\_\_\_

### PRINCIPALS

PRESIDENT \_\_\_\_\_  
VICE PRESIDENT \_\_\_\_\_  
SALES MANAGER \_\_\_\_\_  
PURCHASING MANAGER \_\_\_\_\_  
 SOLE PROPRIETOR  
 PARTNERSHIP  
 CORPORATION

## BANK REFERENCES

### PERSONAL

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_

### BUSINESS

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_

## TRADE REFERENCES

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_

*This application is confidential. All pages of the credit application must be completed, signed, and returned to our Credit Department for processing.*

*Please fax completed credit application to our office (507) 625-6203 at your earliest convenience.*

## FOR OFFICE USE ONLY

Date C.A. Received: \_\_\_\_\_  
Date Processed: \_\_\_\_\_  
Processing Agent: \_\_\_\_\_  
Outcome: \_\_\_\_\_  
Approved By: \_\_\_\_\_

Phone (507) 625-6200

Fax (507) 625-6203

email [sales@dfmachinespecialties.com](mailto:sales@dfmachinespecialties.com)

website [www.dfmachinespecialties.com](http://www.dfmachinespecialties.com)

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## ACCOUNT TERMS

**By accepting delivery of the goods and/or by signing copy hereof, buyer agrees that:**

1. D/F MACHINE SPECIALTIES reserves the right to check references listed on this application.
2. The invoice is delinquent when not paid within terms agreed upon. Delinquent invoices incur interest on the unpaid sum at the rate of 1.5% per month on the principal balance
3. If payment is not made within the terms agreed upon, an attorney will be consulted. D/F MACHINE SPECIALTIES is entitled to recover attorney's fees and costs incurred as well as damages.
4. This agreement shall apply to all subsequent purchases from D/F MACHINE SPECIALTIES until revoked by your company in writing.

SIGNATURE

TITLE

DATE

## PAYMENT GUARANTEE

The undersigned agrees to assume the full responsibility of charge purchases made on account by any of the applicant's approved purchasers (named here or revised at later dates). In consideration of the credit extended hereunder, the undersigned (whether one or more in number, shall jointly and severally be liable) hereby unconditionally and personally guarantee(s) full payment of the account.

SIGNATURE

TITLE

DATE

## TAX EXEMPTION

BUSINESS NAME

This is to certify that all material, merchandise, or goods purchased by the undersigned from D/F MACHINE SPECIALTIES, INC. is purchased for the following purpose:

- ( ) Resale as tangible personal property
- ( ) County, State, Public or Government Agency
- ( ) Export
- ( ) To be incorporated as a medical or part of other tangible personal property to be produced for sale
- ( ) Manufacturing
- ( ) Assembling
- ( ) Processing
- ( ) Refinishing

TAX NUMBER

## PLEASE NOTE:

This certificate shall be considered a part of each order that we shall give provided such order contains our license number. This certificate is to continue in force until revoked.

PURCHASER

SIGNATURE

TITLE

## CONTACT

D/F MACHINE SPECIALTIES, INC.  
1750 Howard Drive  
North Mankato, MN 56003  
Phone: (507) 625-6200  
Fax: (507) 625-6203  
Email: [sales@dfmachinespecialties.com](mailto:sales@dfmachinespecialties.com)  
Web: [www.dfmachinespecialties.com](http://www.dfmachinespecialties.com)

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