



1150 Sheldahl Road
Northfield, MN 55057
507/663-8000 Fax 507/663-8435

CREDIT APPLICATION

Bill to Name:

Dun's Number: _____ (00-000-0000) _____
Address: _____
City, State, Zip Code: _____
Country: _____

Ship to Name:

Address: _____
City, State, Zip Code: _____
Country: _____

Accounts Payable Contact Name:

Phone: _____ Fax: _____ Email Address: _____

Controller Name:

Phone: _____ Fax: _____ Email Address: _____

Type of Business: Corporation Partnership Proprietorship
Year business began: _____

Bank: _____ Branch: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip Code: _____ Acct #: _____

US Trade References:

1) Name: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip Code: _____
Contact Person: _____

2) Name: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip Code: _____
Contact Person: _____

3) Name: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip Code: _____
Contact Person: _____

CREDIT APPLICATION PROVISIONS

The Applicant Company agrees to be bound by the Terms and Conditions of Sale as published by Sheldahl, or as otherwise agreed to in writing. Payment for the sales of goods or services will be according to the terms on Sheldahl's invoice. Failure to pay on the due date of each invoice shall deem the debt to be delinquent. In the event of a delinquency, Sheldahl may recoup any discounts to be applied to the Applicants debt. The Applicant Company agrees to be liable for and to pay any and all reasonable legal and collection costs arising from non-payment for goods and or services provided by Sheldahl.

The Applicant certifies that the statements contained in this application are true and correct.

Signature: _____ Date: _____
(Authorized Representative of Company)

****Must be signed and completed to be considered***