

# Credit APPLICATION

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HC	_____	C.C.	_____
Matrix	_____		



[www.goodinco.com](http://www.goodinco.com)

MINNEAPOLIS | ST. PAUL | DULUTH | DETROIT LAKES | ST. CLOUD  
 BRAINERD | ROCHESTER | FARGO | SIOUX FALLS | OMAHA  
 EAU CLAIRE | WAUSAU | MADISON | MILWAUKEE | GREEN BAY

**Credit Dept. (612) 302-5397**

## Business Data

Business Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ 9-Digit Zip Code \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ 9-Digit Zip Code \_\_\_\_\_

Business phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

e-mail Address \_\_\_\_\_

**Goodin Company offers email of invoices and/or Statements instead of mailing paper copies.**

Please email  Invoices  Statements  Neither

e-Mail Address for your Invoices and/or Statements: \_\_\_\_\_

Are you a  Corporation  Partnership  Sole Proprietorship  LLC

Federal Tax I.D. \_\_\_\_\_ or Social Security Number \_\_\_\_\_

If a Corporation, date of incorporation \_\_\_\_\_ State of incorporation \_\_\_\_\_

### Owners or Principal Stockholders

List officers or Owners  
 President \_\_\_\_\_ Vice President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Started \_\_\_\_\_

Previous business ventures or employment \_\_\_\_\_

I have been advised that Goodin Company's terms of sale, unless otherwise quoted in writing, are 2% 10th prox net 30 days.

By making this application, I understand I am expected to abide by these terms of payment; and that, should my account become past due for any reason whatsoever, I automatically forfeit the cash discount; and agree to pay interest on any past due balance at the rate

of 1-1/2% per month plus all costs of collection, including reasonable attorney's fees. The undersigned authorizes Goodin Company, without notice, to obtain a consumer credit report to determine overall credit and financial status.

If this application is made on behalf of a corporation, limited liability company, or a partnership, the undersign hereby agrees to personally guarantee payment of any amount due and owing by said corporation.

I understand that a digital copy of this document will be made and filed digitally. I agree that the digital copy will be the official record of this document.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Supplier Reference

Name	Phone
City/State	Fax and/or e-mail
Name	Phone
City/State	Fax and/or e-mail
Name	Phone
City/State	Fax and/or e-mail

## Balance Sheet

### Assets

Cash.....	\$	_____
Accounts Receivable (Completed Jobs).....		_____
Contracts on Jobs in Progress.....		_____
Inventory.....		_____
Trucks, Tools & Equipment	..... Business	_____
	..... Personal	_____
Other Assets.....		_____
		_____
Total Assets.....		\$ _____

### Liabilities

Trade Accounts Payable .....	\$	_____
Accrued Taxes.....		_____
Owing Banks or Other Creditors on Demand Notes.....		_____
Other Current Liabilities (Equipment Loans, Etc.) .....		_____
Balance of Obligation on Contracts Listed as Assets Above		_____
Long Term Liabilities (Mortgages Payable, Etc.) Business		_____
	..... Personal	_____
Total Liabilities .....		\$ _____

### Net Worth

Net Worth .....	\$	_____
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## Please email, fax or mail application

email: [credit@goodinco.com](mailto:credit@goodinco.com)  
fax: (612) 588-7820

Goodin Company Credit Department  
2700 N 2nd Street • Minneapolis, MN 55411