

Credit

APPLICATION

OFFICE USE ONLYLetter _____ Slsm _____
HC _____ C.C. _____
Matrix _____www.goodinco.comMINNEAPOLIS | 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 StockholdersList 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.

Signed _____

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
fax: (612) 588-7820

Credit Department
Goodin Company

2700 N 2nd Street
Minneapolis, MN 55411