



Reese Enterprises, Inc.
16350 Asher Avenue, P.O. Box 459
Rosemount, Minnesota 55068-0459

CREDIT APPLICATION

PH: 1-800-328-0953 • FAX: 1-800-334-8823 • info@ReeseUSA.com

Sales Rep _____
Discount _____

FIRM NAME		PHONE #	FAX #		
BILLING ADDRESS		CITY	STATE	ZIP CODE	
SHIPPING ADDRESS (If different)		CITY	STATE	ZIP CODE	
CORPORATION DATE INCORPORATED ___/___ STATE INC. IN ___		IF PARTNERSHIP YEARS IN BUSINESS _____	IF SOLE PROPRIETOR YEARS IN BUSINESS _____		
SUBSIDIARY CORP? YES () NO () If Yes, Give Parent Corp.		RESALE / TAX EXEMPT NO. (Please Attach Copy)	FEDERAL TAX ID NO.		
DESCRIPTION OF BUSINESS ACTIVITIES		SIC CODE	FINANCIAL STATEMENT AVAILABLE? () YES () NO ATTACHED _____		
NAME OF PRINCIPAL	TITLE	HOME ADDRESS	HOME PHONE NO.		
1.					
NAME OF PRINCIPAL	TITLE	HOME ADDRESS	HOME PHONE NO.		
2.					
BANKING REFERENCES					
BANK NAME	ADDRESS	CITY	STATE	ZIP CODE	ACCT. NO.
1.					
BANK NAME	ADDRESS	CITY	STATE	ZIP CODE	ACCT. NO.
2.					
TRADE REFERENCES					
SUPPLIER'S NAME	NO. OF YEARS DOING BUSINESS WITH _____		EMAIL _____		
1. _____			FAX () _____		
ADDRESS	CITY	STATE	ZIP CODE		
SUPPLIER'S NAME	NO. OF YEARS DOING BUSINESS WITH _____		EMAIL _____		
2. _____			FAX () _____		
ADDRESS	CITY	STATE	ZIP CODE		
SUPPLIER'S NAME	NO. OF YEARS DOING BUSINESS WITH _____		EMAIL _____		
3. _____			FAX () _____		
ADDRESS	CITY	STATE	ZIP CODE		
SUPPLIER'S NAME	NO. OF YEARS DOING BUSINESS WITH _____		EMAIL _____		
4. _____			FAX () _____		
ADDRESS	CITY	STATE	ZIP CODE		
SUPPLIER'S NAME	NO. OF YEARS DOING BUSINESS WITH _____		EMAIL _____		
5. _____			FAX () _____		
ADDRESS	CITY	STATE	ZIP CODE		
ESTIMATED MONTHLY PURCHASES \$ _____ AMOUNT OF CREDIT DESIRED \$ _____					
I (We) have completed this application to obtain credit, and certify that all statements contained therein are true and correct. I (We) agree that credit inquiries may be made, and authorize the release of such information to you. I (We) understand and agree that any credit granted shall be paid promptly in accordance with credit grantor terms and agreements. I (We) also understand and agree that credit grantor may add a legal rate of interest per month to any balance not paid in accordance with said terms and agreement. I (We) also agree, in the event of default, to pay reasonable collection charges, attorney fees and court costs where applicable.					
Signed 1. _____		Signed 1. _____			
AUTHORIZED SIGNATURE		AUTHORIZED SIGNATURE			
TITLE		TITLE			