



# CREDIT APPLICATION

6020 Highway 55  
Golden Valley, MN 55422  
763.543.2580 FAX 763.543.2599

800.328.0270  
email: info@AEIElectronicCenter.com

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**About Your Company**

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Company Name:

Address:

City:

State:

Zip:

Business Type:  Sole Proprietorship  Partnership  Corporation: State of

Years in Business:

Dun & Bradstreet No.:

Type of Business:

Your Name and Phone:

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**Please List 3 Partners, Owners or Corporate Officers**

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1- Name, Title, Phone, Fax:

2- Name, Title, Phone, Fax:

3- Name, Title, Phone, Fax:

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**Person To Contact Regarding Purchase Orders**

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Name and Title:

Address and Phone:

Does your company require written purchase orders? Yes  No

Are your purchases subject to Minnesota Sales Tax? Yes  No  Sales Tax No.

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**Person To Contact Regarding Invoice Payments**

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Name and Title:

Address and Phone, Fax:

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**Please Provide Bank References**

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Bank Name and Address:

Acct. No.:

Contact and Phone:

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Your anticipated monthly credit requirements: \$

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**Please Provide 3 Trade References (Give Company Name, Address, Contact, Phone & FAX Number)**

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1.

2.

3.

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**Please Read and Sign**

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The above information is submitted for the sole purpose of opening an account.

I hereby certify the information to be true.

Signature:

Title:

Date:

Phone:

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