



**OLSEN TOOL & PLASTICS INC.**  
 4060 Norex Drive • Chaska, MN 55318-3000  
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 www.olsentool.com

## CONFIDENTIAL CREDIT APPLICATION

Date: \_\_\_\_\_

State Tax ID #: \_\_\_\_\_

Are Purchases Tax Exempt? Yes  No

If yes, please supply a copy of your State Tax Exemption Certificate with this form.

Your Olsen Tool Representative: \_\_\_\_\_

**Your Cooperation in providing this confidential information will aid us in establishing your new or existing account and will help us to better serve your future business requirements. The application must be completed in full and signed on the second page.**

Company Name (Please include all trade names): \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: Corporation  Partnership  Sole Proprietorship

Years in Business: \_\_\_\_\_ Previous Address (Within Past 3 Years): \_\_\_\_\_

Name(s) of Principals:

Name	Title	Home Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Name of Accounts Payable Manager: \_\_\_\_\_

Are any of your affiliated companies currently doing business with us under any other names? Yes  No

If yes, under what name? \_\_\_\_\_

### Bank Information

Bank Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Checking Acct. #: \_\_\_\_\_ Savings Acct. #: \_\_\_\_\_ Loan #: \_\_\_\_\_

**Trade References**

(Please give complete name, address and phone number)

Business Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Volume in Business Annually: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Business Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Volume in Business Annually: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Business Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Volume in Business Annually: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Please estimate your monthly credit requirements from our firm: \_\_\_\_\_

Does your firm use a purchase order system? Yes  No

Please list all employees authorized to purchase:

Name	Title
Name	Title
Name	Title

*I (we) understand that credit terms are net 30 days, and if not paid within that time are considered past due. A monthly service charge, not to exceed the maximum amount as permitted by law, may be assessed on the past due portion of our account. It is further understood and agreed that I (we) will be responsible for payment of all collection costs and reasonable attorney's fees on the event that it becomes necessary to place this account with an agency or an attorney at law for collection.*

*I (we), the undersigned, certify that the above information is true and correct and is given for the purpose of obtaining credit. Olsen Tool & Plastics, Inc., or its agents, are hereby authorized, but not obligated, to make an independent investigation concerning the applicant or the shareholders of the applicant, as the case may be, concerning the above information.*

Title: \_\_\_\_\_ Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Thank you for your cooperation. We appreciate the opportunity to serve your business needs. Please submit this completed Credit Application with a current financial statement, to the Credit Department of Olsen Tool & Plastics, Inc.. Should we require any additional information a representative wil contact you.

While your credit is being reviewed, do you prefer immediate orders to be delivered on a C.O.D. basis? Yes  No

For your convenience and to speed up our review process, we accept faxed applications. Please be sure to fax both pages of this Credit Application and mail the original, along with your current financial statement, to our firm for processing.