

CREDIT APPLICATION							
GENERAL BUSINESS INFORMATION							
Full Legal Business Name/DBA or AKA Name:							
Phone: Fax:			E-mail:				
Registered address:		D&B #	D&B #:				
City:		State:				ZIP Code:	
Date business commenced:			Type of Business:				
PS-	-Partnership: 🚨	Corporation:				Other: 🗆	
rincipal/Owner/Officer:		SS#/TAX ID#:					
Resale Cert #:		MUST ATTACH A COPY OF RESALE CERTIFICATE					
Accounts Payable Contact:			TEL #/EMAIL:				
	Annual Sales: \$	Requested Cre		Cred	dit Limit: \$		
	BUSINESS AND CR	EDIT INF	EDIT INFORMATION				
Billing address (if different from above):						ZIP Code:	
City:							
	Fax:	E-mail:					
Bank name: Contact Name/Phone:							
Bank address:							
State: ZIP Code:							
ACCOUNT NUMBER							
Other							
BUSINESS/TRADE REFERENCES							
Company name:							
		State:	State:			ZIP Code:	
Fax:		E-mail:					
'							
Type of account:							
Company name:							
Address:			State:			ZIP Code:	
Fax:		E-mail:	E-mail:				
	-						
ress:			State:			ZIP Code:	
Fax:		E-mail:					
Type of account:							
AGREEMENT							
All invoices are to be paid 30 days from the date of the invoice. All balances over 30 days are subject to maximum interest rate allowable by law plus all collection costs/attorney fees.							
2. By submitting this application, you authorize Advantus Corp. to make inquiries into the banking and business/trade references that you have supplied and/or pull a credit report on the company/principal owner.							
OFFICER ONLY PRINT NAME:			SIGNATURE: DATE:				
	Fax:  PS-  PS-  ACCOL  Fax:  Fax:	GENERAL BUSINE  Or AKA Name:  Fax:  PS-Partnership:  Annual Sales: \$  BUSINESS AND CR  Om above):  Fax:  Conta  State:  ACCOUNT NUMBER  BUSINESS/TRA  BUSINESS/TRA  Fax:  Fax:  AGRE  days from the date of the inverse all collection costs/attory, you authorize Advantus Cory, you authorize Advantus Cory	GENERAL BUSINESS INFO  A OF AKA Name:  Fax:  D&B #  State:  Type o  PS-Partnership:  MUST  TEL #/  Annual Sales: \$  BUSINESS AND CREDIT INFom above):  State:  Fax:  Contact Name,  State:  ACCOUNT NUMBER  BUSINESS/TRADE REFE!  State:  Fax:  State:  Fax:  State:  Fax:  State:  Fax:  State:  Fax:  State:  Fax:  State:  State:  Fax:  State:  Fax:  State:  Fax:  State:  Fax:  State:  State:  Fax:  State:  Fax:  State:  Fax:  State:  Fax:  State:  State:  Fax:  State:  Fax:  State:  Fax:  State:  State:  Fax:  State:  Fax:  State:  State:  Fax:  State:  Fax:  State:  State:  Fax:  State:  State:  State:  Fax:  State:  St	GENERAL BUSINESS INFORMATION OF AKA Name:  Fax:	GENERAL BUSINESS INFORMATION  Or AKA Name:  Fax:	GENERAL BUSINESS INFORMATION  A Or AKA Name:  Fax:  D&B #:  State:  Type of Business:  Type of Business:  PS-Partnership:  Corporation:  SS#/TAX ID#:  MUST ATTACH A COPY OF B  TEL #/EMAIL:  Annual Sales: \$ Requested Cree  BUSINESS AND CREDIT INFORMATION  om above):  State:  Fax:  E-mail:  Contact Name/Phone:  State:  ZIP Code:  ACCOUNT NUMBER  BUSINESS/TRADE REFERENCES  State:  Fax:  E-mail:  State:  Fax:  State:  Fax:  E-mail:  State:  Fax:  State:  State:  Fax:  State:  Fax:  State:  Fax:  State:  Fax:  State:  State:  Fax:  State:  Fax:  State:  Fax:  State:  Fax:  State:  State:  Fax:  State:  Fax:  State:  Fax:  State:  Fax:  State:  State:  Fax:  State:  Fax:  State:  Fax:  State:  Fax:  State:  State:  Fax:  State:  Fax:  State:  State:  Fax:  State:  State:  State:  Fax:  State:  S	

PLEASE FAX APPLICATION TO (904) 482-0101 OR EMAIL A SCANNED APPLICATION TO AR@ADVANTUS.COM. YOU WILL RECEIVE A RESPONSE WITHIN 72 HOURS.