



Business Information Request

**250 Marquette Ave, Suite 1050
 Minneapolis, MN 55401
 800-580-8205 fax (612)851-3749**

Loc Requesting _____
Customer ID _____
Amt Req _____

General Information

Business Name _____

Address _____ City _____ State _____ Zip _____

Phone(_____) _____ Fax(_____) _____ Main Line of Business _____

Year Business Started _____ # of Employees _____ Website address: _____

Select One: Proprietorship Partnership Corporation LLP LLC Joint Venture

Have you or your company ever filed bankruptcy? Y N If yes, who filed, when and where? _____

Owner / Partner's Name _____ SS # / Fed ID _____

References

MAJOR SUPPLIERS Minimum of 3

Company Name	City	State	Zip	Phone #	Fax #	E-mail
1. _____						
2. _____						
3. _____						

FINANCIAL/LENDING INSTITUTION Bank and/or Lending Institutions - Minimum of 1

1. _____						
Bank Name	City	State	Zip	Phone #		Fax #
Account #	Contact			E-mail		
2. _____						
Bank Name	City	State	Zip	Phone #		Fax #
Account #	Contact			E-mail		

Please Attach Most Current Financial Statements.

I hereby authorize the above listed trade and financial references and any credit reporting agency to disclose to The Scouler Company, full credit and financial information concerning myself (only in the case of a proprietorship or partnership) and the operations of the business. The information is given in confidence and will be used in accordance with the Federal Fair Credit Reporting Act. The business is financially able to meet any commitments and will pay all invoices according to their terms. If the business fails to make payment according to terms, (1) it will pay a monthly service charge of 1 ½ % on any past due balance plus all expenses of collection that are incurred by The Scouler Company, including reasonable attorney fees; and (2) The Scouler Company may refuse to ship any goods under all future bills of lading until such time as payment is made in full.

Applicant's Signature _____ Date _____