



Submit to: Acme Tools  
 PO Box 13720  
 Grand Forks, ND 58208-3720  
 ardept@acmetools.com  
 Phone - (701) 335-4824  
 Fax - (701) 746-2850

Acme Electric Motor Inc. d.b.a.: Acme Tools, Acme Rents, Acme Equipment, Dakota Fastening Systems

Sales Associate: \_\_\_\_\_

**CREDIT APPLICATION**

Please check store nearest you:

- Grand Forks, ND   
  Bismarck, ND   
  Fargo, ND   
  Minot, ND   
  Williston, ND  
 Duluth, MN   
  Plymouth, MN   
  Bemidji, MN   
  Des Moines, IA   
  Cedar Rapids, IA

Acct No: \_\_\_\_\_ (assigned by Acme Tools)

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

**Billing**  
 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ - \_\_\_\_\_

Fed ID #: \_\_\_\_\_

**Ship-to**  
 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ - \_\_\_\_\_

A/P Contact: \_\_\_\_\_

Email: \_\_\_\_\_

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

Amount of Credit Desired \$ \_\_\_\_\_

Purchase Order Required? Yes \_\_\_\_ No \_\_\_\_

Would you like invoice copies and statements EMAILED to you?

Yes \_\_\_\_ No \_\_\_\_

Type of Business:

Corporation: \_\_\_\_ Partnership: \_\_\_\_ Sole Proprietorship: \_\_\_\_ Year Business Established: \_\_\_\_\_

**OWNERSHIP (Name of Owners, Partner, or Officers):**

1. Name: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_  
 Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_  
 Address: \_\_\_\_\_
3. Name: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_  
 Address: \_\_\_\_\_

**BANK INFORMATION:**

Name: \_\_\_\_\_

Account #: \_\_\_\_\_

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

Phone: (    ) \_\_\_\_\_

City: \_\_\_\_\_

Fax: (    ) \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CREDIT REFERENCES: (3 REQUIRED) (Supplier accounts where you have had open balances in last six months.)**

1. Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: (     ) \_\_\_\_\_  
City: \_\_\_\_\_ Email: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: (     ) \_\_\_\_\_  
City: \_\_\_\_\_ Email: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: (     ) \_\_\_\_\_  
City: \_\_\_\_\_ Email: \_\_\_\_\_

Will this be a tax exempt account? Yes \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_ Exemption # \_\_\_\_\_

**IF YES PLEASE ATTACH COPY OF TAX EXEMPT CERTIFICATE**

I certify that I hold the above Sales & Use Tax Permit and any tangible personal property is purchased by me for resale. By my signature below, I further certify that I will report and remit any Sales or Use Tax and any penalties which attach as a result of purchases from the above seller which are used or consumed by me.

**TERMS AND CONDITIONS**

I certify the above information is true and correct. I authorize the Acme Group to check all relevant credit history. All invoices are due Net 30 days. All past due invoices are subject to a 1.5% per month service charge. If the account goes into default, it will automatically go into "Cash on Delivery" status until brought current. In the event Acme Group must retain a collection agency or an attorney to enforce payment on account, the undersigned agrees to pay reasonable attorney fees and collection costs. Payments to account balance using a credit card will be charged a 3% processing fee of the payment being made.

To induce the granting of credit to the above named applicant, the undersigned individually and personally guarantees all present and future obligations of the above named applicant including all indebtedness and liability to Acme Group of every nature then or thereafter to be incurred by the above named applicant.

**(SIGNATURE REQUIRED)**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Officer/Owner of the Applicant                      Officer/Title: \_\_\_\_\_

**PERSONAL GUARANTY**

To induce the granting of credit to the above named applicant, the undersigned individually and personally guarantees all present and future obligations of the above named applicant including all indebtedness and liability to Acme Group of every nature then or thereafter to be incurred by the above name applicant.

**(SIGNATURE REQUIRED)**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Personal Guarantor

NOTICE: IN THE EVENT THIS ACCOUNT BECOMES DELINQUENT, ALL WRITTEN AND VERBAL COMMUNICATIONS WILL BE AN ATTEMPT TO COLLECT THE DEBT AND ANY INFORMATION WILL BE USED FOR THAT PURPOSE.