

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:	Fed ID #:	
Billing Address:	Ship-to Address:	
City: State:	City: State:	
Zip:	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:		
DANK INFORMATION		
BANK INFORMATION:  Name:	Account #:	
Address:	Phone: ( )	
City:	Fax: ( )	
State: 7in:		

## CREDIT REFERENCES: (3 REQUIRED) (Supplier accounts where you have had open balances in last six months.) Phone: ( Fax: Address: Phone: ( Address: Fax: ( Email: \_\_\_\_ ) Phone: ( )\_\_\_\_\_ Address: Fax: ( 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. CHOICE OF LAW AND VENUE. This agreement shall be deemed to have been made in the state of North Dakota and the validity of this agreement, its construction, interpretation and enforcement, and the rights of the parties hereunder shall be governed by the laws of the state of North Dakota. The parties agree that all actions or proceedings, including the enforcement of personal guarantees, arising in connection with this agreement shall be tried and litigated only in the State and Federal Courts located in the County of Grand Forks, North Dakota. (SIGNATURE REQUIRED) Signature: Printed Name: \_\_\_\_\_\_ Date: \_\_\_\_\_ Officer/Title: Officer/Owner of the Applicant 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) Printed Name: Date: Signature: 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.