



12800 South Highway 13 - Suite 500
 Savage, MN 55378
 Phone: 866.686.4020

Internal Use Only	
Terms:	_____
Price Level:	_____
Sales Rep. Code:	_____

Credit Application

BUSINESS INFORMATION

Requested Credit Limit: _____

Company Name: _____ Phone No.: _____

Registered Company Address: _____ Fax No.: _____

City: _____ State: _____ Zip: _____

Date Business Commenced: _____

Owner(s)/President Name: _____

Federal Tax ID No.: _____

Resale Permit No.: _____ (A copy of your Tax Exemption Certificate and/or Resale Certificate is REQUIRED)

D&B No.: _____

Sole Proprietorship: Partnership: Corporation: LLC: S. Corp.:

BILLING AND INVOICING INFORMATION

Billing Address: _____

City: _____ State: _____ Zip: _____

Accounts Payable Contact: _____ Accounts Payable Phone No.: _____

Accounts Payable Email: _____

Email Invoices To AP Email: Mail Invoices To Above Billing Address:

SHIPPING INFORMATION

Ship To Company Name: _____

Ship To Address: _____

Ship To City: _____ Ship To State: _____ Ship To Zip: _____

Attention Orders To: _____

Ship Ground Orders: Prepay & Add: Or Collect On UPS Account No.: _____ (All Ground Orders Will Be Shipped Via UPS Only)

Ship Freight Orders: Best Way: Or By Freight Company: _____ Using Account No.: _____

Purchasing Contact: _____ Purchasing Phone No.: _____

Purchasing Email: _____ (Order Confirmations Will Be Sent To This Email Address)

BANKING INFORMATION

(Your signature on this application authorizes your bank to release financial information to Veloci Performance Products credit department.)

Bank Name: Account No.:

Phone No.: Fax No.:

BUSINESS/TRADE REFERENCES

(Please use references of companies associated with the pressure washer or heater industry. Three references are required in order for Veloci to accept the application)

Company Name: Account No.:

Address:

City: State: Zip:

Reference Contact Name: Reference Phone No.:

Reference Email: Reference Fax No.:

Company Name: Account No.:

Address:

City: State: Zip:

Reference Contact Name: Reference Phone No.:

Reference Email: Reference Fax No.:

Company Name: Account No.:

Address:

City: State: Zip:

Reference Contact Name: Reference Phone No.:

Reference Email: Reference Fax No.:

AUTHORIZED SIGNATURE

The undersigned gives this information for the purpose of obtaining credit and represents that said information is accurate and complete. It is understood and agreed that both personal and business information will be checked as necessary and that further information may be required. The undersigned agrees that all payments on account are due within 30 days of purchase. Statements of all charges and payments recorded for the month are sent monthly. It is understood and agreed that a 1.5%(18% per annum) finance charge will be assessed to our account for all invoices past due. The undersigned hereby further agrees to pay any and all collection and enforcement expenses and reasonable attorney's fees incurred by MTM Hydro, Inc. in enforcing its right to recover funds due for purchases made on account. This Agreement and all transactions between the parties are governed by the laws of the State of Minnesota. The undersigned consents to the jurisdiction and venue of the District Court of Scott County, State of Minnesota with respect to any suit initiated by MTM Hydro, Inc. relating to the enforcement of the terms and conditions of this Agreement, and suit for recovery of unpaid account balances.

Authorized Signature:

Authorized Signature:

Title:

Title:

Date:

Date: