



COMMODITY SPECIALISTS COMPANY

Wesley J. Mahlberg
Credit Manager

Phone: 612-330-9101
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CREDIT APPLICATION

DATE: _____

CUSTOMER NAME: _____	CREDIT REQUESTED:\$ _____
ADDRESS: _____	PHONE: _____
CITY/STATE/ZIP: _____	FAX: _____
EMAIL ADDRESS: _____	
NAME OF OFFICER, OWNER OR ACCT MANAGER: _____	TITLE: _____
PERSON TO CONTACT RELATING TO INVOICE OR PAYMENT: _____	

ATTACH BALANCE SHEET AND OPERATING REPORT

D&B RATING: _____

BANK REFERENCE

NAME: _____	BANK OFFICER: _____
ADDRESS: _____	PHONE: _____
CITY/STATE/ZIP: _____	ACCOUNT#: _____

TRADE INFORMATION: LIST VENDORS WHOSE CREDIT EQUALS CREDIT REQUESTED

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
PHONE: _____	PHONE: _____

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
PHONE: _____	PHONE: _____

ALL LINES MUST BE COMPLETED

Please attach copy of balance sheet and operating report.

We agree that all of the above information is correct. We also agree to allow a representative of Commodity Specialists Company contact the bank listed above for further information regarding credit history. We authorize the above listed references to release the information requested as related to the purchasing of commodity supplies. We agree to the terms and conditions of the sale as stated on the contract & invoice.

COMMENTS: _____

(CUSTOMER REPRESENTATIVE)

(DATE)