

"SERVING INDUSTRY SINCE 1920"

CONFIDENTIAL CREDIT AGREEMENT

BALDWIN SUPPLY COMPANY
601 ELEVENTH AVE SOUTH
MINNEAPOLIS, MN 55415-1795

PHONE (612) 338-6911
FAX (612) 338-8247

IN CONSIDERATION OF OPENING A LINE OF CREDIT WITH BALDWIN SUPPLY CO., IT IS AGREED THAT OUR COMPANY WILL PAY ALL SUMS WHEN DUE AND ACCORDING TO THE TERMS STATED ON BALDWIN SUPPLY'S INVOICE. NO ALTERATIONS WILL BE ACCEPTED FOR PAYMENT UNLESS APPROVED IN WRITING BY BALDWIN SUPPLY COMPANY. ANY BALANCE PAST DUE, THROUGH NO FAULT OF BALDWIN SUPPLY CO., IS SUBJECT TO A SERVICE CHARGE OF 1-1/2 % PER MONTH AS STATED ON THE INVOICE. IN THE EVENT OF NONPAYMENT, OUR COMPANY AGREES TO PAY, IN ADDITION TO THE PRINCIPAL AMOUNT DUE, ALL SERVICE CHARGES, COLLECTION COSTS, REASONABLE ATTORNEY AND COURT COSTS AND ANY OTHER REASONABLE FEES DUE TO BALDWIN SUPPLY COMPANY. I AUTHORIZE YOU TO CONTACT REFERENCES AND TO OBTAIN INFORMATION FROM OUTSIDE SOURCES THAT MAY BE NEEDED TO OBTAIN AN OPEN LINE OF CREDIT WITH BALDWIN SUPPLY COMPANY

DATE SIGNATURE OF OWNER OR PRINCIPAL TITLE OF PRINCIPAL

COMPANY INFORMATION

COMPANY NAME DBA
BILLING ADDRESS CITY STATE ZIP
SHIPPING ADDRESS CITY STATE ZIP
PREVIOUS ADDRESS IF COMPANY HAS MOVED WITHIN THE LAST 5 YEARS

COMPANY PHONE# COMPANY FAX#
HOW LONG HAS THE COMPANY BEEN DOING BUSINESS TYPE OF INDUSTRY-DESCRIBE

TYPE OF ENTITY: (CIRCLE ONE) PROPRIETORSHIP PARTNERSHIP CORPORATION OTHER
IF INCORPORATED: STATE OF INCORPORATION YEAR OF INCORPORATION

NAME OF OWNERS OR AUTHORIZED OFFICERS OF CORPORATION (PROVIDE HOME ADDRESS, ZIP CODE, AND SOCIAL SECURITY# FOR PROPRIETORSHIP OR PARTNERSHIP)

ACCOUNTING INFORMATION

ACCOUNTS PAYABLE CONTACT ACCOUNTS PAYABLE PHONE

ACCOUNTS PAYABLE FAX ACCOUNTS PAYABLE E-MAIL

INVOICE DELIVERY METHOD (CIRCLE ONE) FAX E-MAIL MAIL

PURCHASE INFORMATION

NAME OF PURCHASING AGENT PHONE# FAX#
EXPECTED MONTHLY PURCHASES FROM BALDWIN \$ WOULD YOU LIKE AN END OF THE MONTH STATEMENT?
ARE YOUR PURCHASES TAX EXEMPT FROM SALES TAX? IF YES, YOU MUST PROVIDE A COPY OF YOUR SALES TAX CERTIFICATE

IF YOU HAVE ANY PERSONNEL CHANGES, (I.E. A/P OR PURCHASING), PLEASE NOTIFY CUSTOMER SERVICE SO WE CAN UPDATE OUR RECORDS

REFERENCE INFORMATION

BANK NAME ACCOUNT# NAME OF OFFICER

ADDRESS CITY STATE ZIP CODE

PLEASE PROVIDE THREE TRADE SUPPLIER REFERENCES THE COMPANY HAS DONE BUSINESS WITHIN THE LAST SIX MONTHS

NAME OF COMPANY ADDRESS PHONE AND FAX #'S

- 1.
2.
3.

NOTE: THIS FORM MUST BE SIGNED ON THE TOP PORTION OR CREDIT WILL BE DENIED IMMEDIATELY