

HANDYMAN'S INC.

604 East St. Germain Street, St. Cloud, MN 56304; 320-251-3292 Fax 320-251-3272

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company name:

Contact person:

Phone:

Fax:

E-mail:

Address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS CREDIT INFORMATION

Bank name:

Contact:

Phone:

Address:

City:

State:

ZIP Code:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Contact:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Contact:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Contact:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Handyman's Inc. to make inquiries into the banking and business/trade references that you have supplied.

You will be notified of the status of this application. **Thank You** for letting us serve you.

Signature:

Title:

Date:

Please return the completed Credit Application form via email to handyoffice@handymansinc.com