

Olson & Sons Electric, INC.

Phone 763-295-2690 | FAX 763-295-2691

www.oseinc.com

CREDIT APPLICATION

Applying for credit in accordance with the terms of:

Please fill out the information below as soon as possible in order for us to have complete and accurate information in your file. Thank you for taking the time to help us serve you better. The following information must be completed in full: and will be held in the strictest confidence.

Olson & Sons Electric, INC.

19 Sandberg Road
P.O. Box 686
Monticello, MN 55362

CUSTOMER INFORMATION

Name of firm or individual: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Phone No: _____ Fax No.: _____ Mobile No: _____
Contact Person: _____ Owner: _____ No of Years in Business _____

OWNERSHIP

Corporation _____ Partnership _____ Individual _____ The business has been under this name for _____ yrs.
_____ Check here if incorporated within the last 12 months

1) Name of Principal(s):	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCE

Banking Institution: _____ City: _____ State: _____
Bank Officer of Department _____ Checking Acct# _____
Business Name _____ Address _____ Phone _____
Contact Person: _____ Phone #: _____

REFERENCES

_____ Check here if cash sales are okay until credit is approved.

I anticipate our line of credit to be \$_____.

We certify that all the information on this form is correct, and that we fully understand your credit terms as described on Page two, and agree to the proper payment in consideration of extended credit.

Fee Owner of Property _____ Guarantor _____
Signed _____ Title _____
Date _____

Please do not write in the space below

Reference Checked by: _____ Credit approved by _____
Reference results _____ Credit refused by _____