NEW CUSTOMER APPLICATION

SENTINEL PRINTING COMPANY
250 North Hwy 10
St. Cloud, MN 56304
Phone: (320) 251-6434
FAX: (320) 251-6273

Sales Rep_____ Date_____

Customer Business Name_____

Address _____

City, State, Zip Code _____

Phone No. (____) _____FAX No. (____) _____

Accounts Payable Contact & Email Address_____

DO YOU HAVE EXEMPT STATUS FROM MINNESOTA SALES TAX? ____YES ____NO
If yes, please fill out and send the attached Minnesota Revenue Certificate of Exemption along with this New Customer Aplication Form. (for Minnesota Companies/Residents only)

Complete Sections Below Only if Applying for Credit Terms.

Number of full-time employees_____ Years in Business _____

Approximate annual revenues of sales $_____ per year.

Has this organization or any predecessor organization ever filed for protection under the bankruptcy laws?

____Yes ____No If yes, when?_____

Owners or managing officers and Social Security nos.:

Name	Social Security Number	Name	Social Security Number
Name	Social Security Number	Name	Social Security Number

Credit Referral from Three Major Suppliers (must be filled out to process application)

Name_____ Name _____

Address _____ Address_____

Phone No. _____ FAX No. _____ Phone No._____ FAX No. _____

Name_____

Address _____

Phone No. _____ FAX No. _____

Bank Reference: _____ Phone No. _____ FAX No. _____

Person to talk to_____ Address _____

Checking Account No. _____ _____

Loans: ____Yes ____No

For purpose of obtaining credit from Sentinel Printing Co., Inc., and being duly authorized by the organization named above to represent it in such matters, I declare that the above statements are true and complete to the best of my knowledge and belief. I request that credit up to a limit of $_____ be extended to my organization based solely on the representation made above. I hereby authorize Sentinel Printing Co., Inc. to investigate our credit history and contact my bank reference to release financial information regarding accounts/loans at their discretion.

Signed _____ Title_____ Date _____

Interest at the rate of 1½% per month will be charged on all amounts due Sentinel Printing Co., Inc., which remain unpaid past agreed upon terms.

Forward To: Sentinel Printing Company Inc., 250 North Hwy 10 St. Cloud, MN 56304 Fax: (320) 251-6273