

BAGMASTER

MFG. INC. • St. Louis, MO

4168 Meramec Ave - St. Louis, Missouri 63116
1-800-950-8181 - 314-771-9595
FAX: 314-771-8383 www.bagmaster.com

Dealer Credit Application

To establish credit, please complete and sign this application. Shipping of new orders will be held pending approval of this application. Processing will begin immediately upon receipt. Please note that until credit is approved, shipments will only be made under COD cash or prepaid (certified funds or Visa/MC/Discover/AMEX) terms.

Firm Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone (____) _____ FAX: (____) _____

Web Site: _____ E-Mail Address: _____

COMPLETED BY (please print name) _____

REQUESTED TERMS: Company Check - COD Open Account (Net 30)
 Credit Card # _____ Exp: ____/____/____

TYPE OF ORGANIZATION: Proprietorship Partnership Corporation Date Started ____/____/____

If Proprietorship, list owners; if partnership, list partners; if corporation, list officers and specify corporate secretary

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Are the business premises utilized solely for business purposes? Yes No Years in present location: _____

Is your building located in a: Shopping Center Commercial Building Residence

Is this building: Owned Leased Name and Phone # of Leasing Co. _____

Estimated Annual Sales \$ _____ Volume with Wholesalers \$ _____

Has your company ever declared bankruptcy? Yes No If yes, please attach an explanation.

BANK INFORMATION RELEASE AUTHORIZATION: I authorize (Bank Name) _____

Bank Address: _____ Bank Phone (____) _____ to release information for

Account # _____ to Bagmaster Mfg., Inc. for purposes of establishing credit terms with Bagmaster.

Signature _____ Title _____ Date ____/____/____

TRADE REFERENCES: Complete the following information on 3 major open account or COD check approved vendors.

1. Vendor _____ Contact _____

Telephone (____) _____ FAX (____) _____

Address _____ City _____ State _____ Zip _____

2. Vendor _____ Contact _____

Telephone (____) _____ FAX (____) _____

Address _____ City _____ State _____ Zip _____

3. Vendor _____ Contact _____

Telephone (____) _____ FAX (____) _____

Address _____ City _____ State _____ Zip _____

SIGNING REQUIREMENTS: Proprietorship: Both you and your spouse MUST SIGN credit application

Partnership: At least 2 partners must sign Corporation: Please have 2 officers sign application.

I/WE ACKNOWLEDGE RECEIVING A COPY OF THIS APPLICATION AND DECLARE MY/OUR WILLINGNESS TO ABIDE BY BAGMASTER MFG., INC. TERMS OF PAYMENT. IT IS ALSO AGREED THAT I/WE WILL PAY A LATE FEE OF 1 1/2% PER MONTH OF THE TOTAL PAST DUE AND SHOULD A DEFAULT IN PAYMENT OCCUR, MY/OUR COMPANY WILL PAY ALL REASONABLE COLLECTION COSTS, ATTORNEY FEES AND COURT EXPENSES. IF A SUIT IS INSTITUTED DUE TO NONPAYMENT, IT IS UNDERSTOOD THAT ST. LOUIS, MO WILL BE RECOGNIZED AS HAVING VENUE AND JURISDICTION. IN CONSIDERATION OF BAGMASTER MFG., INC. EXTENDING CREDIT TO MY/OUR COMPANY, I/WE AS (AN) OFFICER(S) OR OWNER(S), DO PERSONALLY GUARANTEE AND INDEMNIFY BAGMASTER MFG., INC. AGAINST LOSS OR INDEBTEDNESS FOR MY/OUR COMPANY. THIS GUARANTEE SHALL BE A CONTINUING AND IRREVOCABLE GUARANTEE, WHICH SHALL BE BINDING UPON ME/US AND MY/OUR LEGAL REPRESENTATIVES, AND NOTICE OF DEFAULT IS WAIVED.

Signed _____ Date ____/____/____ Signed _____ Date ____/____/____

PLEASE RETURN: THIS APPLICATION AND STATE TAX RESALE CERTIFICATE.

OFFICIAL USE ONLY: Terms: _____ Credit Limit: \$ _____

Bagmaster's Authorized Signature: _____ Date: _____