



email to: credit@sancoent.com

P: 651.280.6600

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1030 County Road E West, Suite 200
Shoreview, MN 55126

Company: Sanco Equipment Sanco Services Sanco Spotters Sanco Rental Solutions Thermo King Sales & Service

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address:		Do you require a Purchase Order:	
Telephone:	Fax:	E-mail:	
A/P Contact:		A/P E-mail:	
A/P Phone:		A/P Fax:	
Tax Exempt? No _____ Yes _____ (include ST-3 form)		D-U-N-S #:	Requested Credit Amount:
Bank name:			
Bank address:		Phone:	
City:		State:	Zip Code:
Type of account:		Account number:	

BUSINESS/TRADE REFERENCES

**E-MAILS OR FAX NUMBERS MUST BE LISTED FOR EACH REFERENCE*

Company name:	Type of account:	
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:	Type of account:	
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:	Type of account:	
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

AGREEMENT

It is agreed that account balances are due and payable 30 days from invoice date. In the event of a delinquency, we may impose a finance charge of 1.5% per month on the delinquent balance and all collection expenses (incl. attorney's fees) in connection with the collection of the delinquent debt shall be due and payable by the Applicant. Applicant authorizes creditor to contact the financial and trade reference (incl. those listed herein) and any credit reporting agencies to obtain and verify credit information. Applicant certifies under penalty of perjury that the statements contained in the application are true and correct. Applicant understands that the seller intends to rely on the information presented in the application in determining its credit worthiness.

SIGNATURES

Signature: Title: Date:	Signature: Title: Date:
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