



Mail to: 9912 Stevens Avenue South
 Minneapolis, MN USA 55420
 Attn: Reseller Services Department
 Fax To: 1-952-884-0646
 Phone: 1-800-651-5520 Ext. #4

RESELLER CREDIT APPLICATION

Legal Company Name: _____ Yrs in Business: _____

Trade Name (dba): _____

Check One: Corporation Sole Proprietorship Partnership

B _____ I Street Address L _____ L City, State, Zip _____ (Area Code) Phone _____ T (Area Code) Fax O _____ A/P Contact Name	T Prepay Fee by - Credit Card * E Prepay Fee by - Personal Check * R Prepay Fee by - Company Check * M Net 30-Day Terms Credit Line Desired: \$ _____ S * \$128 Fee is Charged for Processing New Accounts
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Principals:

1	_____	_____
	Name	Title SSN
	Street Address	City, State Zip
2	_____	_____
	Name	Title SSN
	Street Address	City, State Zip

Bank Information:

_____	_____
Bank Name	Contact
Street Address	City, St Zip
Account Number	(Area Code) Phone

Authorization:
 The undersigned authorizes release of all banking information to ProForce Corporation:

_____	_____	_____
Signature of Owner/Officer	Printed Name	Date





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RESELLER CREDIT APPLICATION - PAGE 2

Legal Company Name: _____

C Complete this section if you checked: Prepay \$128 Processing Fee by - Credit Card (page one)

R _____

E _____

D Full Name (As it appears on card)

I _____

T _____

C Card Number _____ Expiration Date _____

A _____

R _____

D Authorized Signature _____

C **Trade Information:** Complete this section if you checked: Net 30-Day Credit Terms (page one)

R **1** _____ (Area Code) Phone _____

E Name _____

D Address _____ Customer Account Number _____

I **2** _____ (Area Code) Phone _____

T Name _____

Address _____ Customer Account Number _____

T **3** _____ (Area Code) Phone _____

E Name _____

R Address _____ Customer Account Number _____

M **Authorization:** The undersigned authorizes release of all credit information to ProForce Corporation:

S _____

Signature of Owner/Officer _____ Printed Name _____ Date _____

***** CURRENT YEAR-END FINANCIALS MUST ACCOMPANY NET TERMS REQUESTS *****

