



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

<b>1</b>	_____	_____
	Name	Title                                  SSN
	Street Address	City, State                                  Zip
<b>2</b>	_____	_____
	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 \_\_\_\_\_

**T** Address \_\_\_\_\_ Customer Account Number \_\_\_\_\_

**E** 3 \_\_\_\_\_ (Area Code) Phone \_\_\_\_\_

**R** Name \_\_\_\_\_

**M** Address \_\_\_\_\_ Customer Account Number \_\_\_\_\_

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

\_\_\_\_\_

Signature of Owner/Officer Printed Name Date

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

