



Minvalco Inc.  
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 952-920-0131 / 800-642-9090  
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St. Paul Branch  
 4749 Old Highway 8 Suite 110  
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 FAX (763)786-5052

St. Cloud Branch  
 940 Industrial Dr. S. Suite 105  
 Sauk Rapids, MN 56379-1235  
 320-654-1500 / 800-924-6142  
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Milwaukee Branch  
 11250 West Lapham St  
 West Allis, WI 53214-3806  
 414-456-0090 / 888-879-2413  
 FAX (414)456-0091

Minvalco

## CREDIT APPLICATION

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County \_\_\_\_\_

Business Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Fax Number # \_\_\_\_\_ E-Mail \_\_\_\_\_

Full Name Of Owner(s) \_\_\_\_\_

***Has this company, or the principals of this company, been in business under any other name (s) within the past 5 years? List*** \_\_\_\_\_

Has this company or its principals ever filed bankruptcy? \_\_\_\_\_ If so, when? \_\_\_\_\_

Check One: Corporation ( ) Partnership ( ) Individual ( ) LLC ( )

Type of business: HVAC ( ) Plumbing ( ) Electrical ( ) Refrigeration ( ) Other ( )

Accounts Payable Contact: \_\_\_\_\_ Purchasing Contact \_\_\_\_\_

Maintenance or service department contact \_\_\_\_\_

PO Required: Yes ( ) No ( ) Refrigerant Certification # \_\_\_\_\_

Number Of Employees \_\_\_\_\_ *Please attach a copy of your refrigerant certificate.*

Tax Exempt # \_\_\_\_\_ If Tax Exempt, Please Attach A Copy Of Your Tax Form.

May we email or fax invoices: Yes ( ) No ( ) Fax # or email Address: \_\_\_\_\_

Do you require monthly statements: Yes ( ) No ( ) Fax # or email Address: \_\_\_\_\_

***THREE TRADE REFERENCES WITH ADDRESS, PHONE NUMBER AND FAX NUMBER***

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

*I understand that Minvalco's terms of sale are net in 30 days. If on the 15th of each month, any or all of the invoices charged on my account are beyond these terms, I agree to pay a 1.5% service charge for the past due balance. I further agree to pay for all reasonable collection fees in the event it is deemed necessary to turn this account over to another party for collection. If legal action is necessary to collect amounts due, Guarantor consents to Jurisdiction in the State of Minnesota and Venue in Hennepin County. MN law shall be the governing law for all collection disputes. My signature gives Minvalco the right to do a credit check for the purpose of establishing and retaining a line of credit.*

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_

(OWNER OR AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_

\_\_\_\_\_

HOW DID YOU FIND OUT ABOUT MINVALCO? \_\_\_\_\_

BUSINESS PROPERTY IS: LEASED \_\_\_\_\_ OWNED \_\_\_\_\_ IF LEASED, FROM WHOM \_\_\_\_\_

IF OWNED, VALUE \$ \_\_\_\_\_ MORTGAGE \$ \_\_\_\_\_

DOES A BANK , INSURANCE COMPANY, OR OTHER CREDITOR HOLD A SECURITY INTEREST IN YOUR ACCOUNTS RECEIVABLE AND/OR INVENTORY? \_\_\_\_\_ YES \_\_\_\_\_ NO

EMPLOYER'S ID NUMBER \_\_\_\_\_ OR SOCIAL SECURITY NUMBER \_\_\_\_\_

**If you are new in business and are looking to establish a credit line based on your personal credit history, please include your social security number and sign the authorization below.**

**CONSENT AND AUTHORIZATION TO OBTAIN PERSONAL CREDIT REPORT**

The undersigned hereby consent(s) to Minvalco's use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Minvalco to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as [an] individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C @1681 et seq.

\_\_\_\_\_  
Individually (print name)

\_\_\_\_\_  
Individually (print name)

\_\_\_\_\_  
Sign name, individually

\_\_\_\_\_  
Sign name, individually

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PERSONAL GUARANTY**

The undersigned individual(s) in consideration of the Company's extension of credit to the Application hereby agrees to personally guarantee any and all obligations of the Applicant and the Company. This guaranty shall be continuing and unlimited and may be terminated only on thirty days' written notice to the Company. The Company may exercise its rights under this guaranty without first taking any action against the Applicant. The undersigned waives notice of default and non-payment and consents to the extension or modification of credit terms to the Applicant without notice.

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Guarantor

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Guarantor

***All decisions with respect to extension or continuation of credit shall be in the sole discretion of Minvalco Inc. Minvalco may terminate any credit availability within its sole discretion and without advance notification.***

The federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color; religion, national origin, sex, marital status, age; (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning his creditor is Federal Trade commission Equal Credit Opportunity, Washington, D.C. 20580.

# Resale Exemption Certificate

ST-5

**Purchaser:** Complete this certificate and give it to the seller. **Seller:** Keep this certificate as a part of your records. Incomplete certificates cannot be accepted in good faith.

Print or type	Name of authorized purchaser			MN tax ID number (if no number, state reason)		
	Name of purchaser's business					
	Business address		City	State	Zip code	
	Name of seller from whom you are purchasing, leasing or renting merchandise					
	Address		City	State	Zip code	

**Check one:**

Single purchase certificate

Blanket certificate\*

\*If blanket certificate is checked, this certificate continues in force until cancelled by the purchaser.

Purchase information

To qualify for exemption, you must resell, lease or rent the merchandise purchased. If, while holding the merchandise for sale, lease or rental, you use the merchandise for any purpose other than retention, demonstration or display, you are required to report and pay the tax on the purchase price of the merchandise.

Give a brief description of the items you sell, lease or rent in your normal course of business. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the merchandise purchased for resale. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contractor-retailers only

Are you a contractor-retailer primarily engaged in retail sales?  Yes  No

By checking yes, you agree to the following statement:

*I hereby certify that I am a contractor-retailer engaged in retail sales, construction, alteration, repair or improvement of real property and that I am reporting and will pay my sales and use tax liability directly to the commissioner of Revenue.*

Sign here

*I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY—If you try to evade paying sales tax by using an exemption certificate for merchandise that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)*

Signature of authorized purchaser	Title	Date
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If you have questions, call the MN Department of Revenue at (612) 296-6181 or toll-free 1-800-657-3777.  
 TDD users: Contact the department through the MN Relay Service. Call (612) 297-5353 or 1-800-627-3529; ask for (612) 296-6181.