

GRANITE CITY TOOL
247 28TH AVENUE SOUTH
WAITE PARK, MN 56387
PH: (320) 251-8600
800-328-7094
FAX: (320) 259-1817

Full Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Company Tax Id or Owner Social Security Number: _____

Full Name of Company Manager or Owner: _____

Ship to Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Type of Business: _____

Length of Time Doing Business at this Address: _____

Length of Time in Business: _____

Trade References: (Be sure to INCLUDE FAX #)

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone # _____	Phone # _____
Fax# _____	Fax# _____

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone # _____	Phone # _____
Fax # _____	Fax # _____

Name of Bank _____
Address _____
Checking _____
Address _____
Loans _____
Address _____

I/we hereby authorize Granite City Tool Company or its representatives to contact the above listed persons or businesses for the purpose of determining my credit rating, and such other financial information, which such firms may have with respect to my company that will be useful in determining my credit worthiness.

For consideration of the extension of credit to the firm named, herein, I/we promise to pay to the order of Granite City Tool Company Inc, 247 28th Avenue South, Waite Park, Minnesota all charges to the account of the firm shown herein with in 30 days of invoice date. A finance charge of 1-1/2% per month, which is an annual percentage rate of 18% will be due on all accounts more that 30 days old. There is a \$30.00 service charge on all returned checks.

I/we further agree that if payment of said account is not made on or before the due date(s) and the account is placed for collection or suit by an collection agency or placed in the hands of an attorney, or same is collected through probate or bankruptcy proceedings, an additional 40% of the outstanding principle debt shall be added to the balance as collection costs.

Signature _____ Date _____
Title _____

I/we agree that in the event the said account should default on payment of account I will be personally responsible for payment of same in accordance with above terms.

Signature(s) _____ Date _____