

Fax 952-884-2293

CONSTRUCTION, MINING AND INDUSTRIAL EQUIPMENT, SALES, RENTAL AND SERVICE.



**HAYDEN-MURPHY EQUIPMENT COMPANY**

9301 E. BLOOMINGTON FREEWAY, MINNEAPOLIS, MN 55420 • 952-884-2301 • 800-352-2757

**COMMERCIAL APPLICATION FOR ACCOUNT**

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

Mailing Address \_\_\_\_\_  
St. – PO Box – RR# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Mobile No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

How long in Business? \_\_\_\_\_ # of Employees \_\_\_\_\_ Sales Tax District \_\_\_\_\_

Legal Form of Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Federal Tax I.D. No. \_\_\_\_\_ Have you ever filed bankruptcy? Yes/No If yes, attach explanation

**LIST ALL OFFICERS, PARTNERS, AND/OR OWNERS:**

NAME	TITLE	HOME ADDRESS	PHONE NO.
_____	_____	_____	_____
_____	_____	_____	_____

**BUSINESS REFERENCES** (Give Name, address, phone no., and account no.)

Bank \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Account No. \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_  
 Insurance Agent \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Account No. \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

**TRADE CREDIT REFERENCES** (Give Name, address, phone no., fax no. and account no.)

1. \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Account No. \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_  
 2. \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Account No. \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_  
 3. \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Account No. \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

**BILLING INSTRUCTIONS:**

Are P.O.'s required? Yes/No Accounts Payable Manager \_\_\_\_\_  
 Are you Sales Tax Exempt? Yes/No **To receive Sales Tax Exempt Status, Required State Sales Tax Exemption Document(s) Must Accompany This Application.**

**I agree to the following regarding all goods and services purchased by me or in my Company's name:**

- I will pay the new balance on my current statement in full within thirty (30) days after my bill's closing date, with no finance charges added or in minimum monthly installments, including any finance charge.
- I understand I have the right to pay the new balance on my current statement in full at any time, to avoid a finance charge on my next statement and that payment will be applied first to any unpaid finance charges and then to the purchase.
- I agree to pay finance charges, which will be computed monthly at a rate of 1.5% per month or 18% annual percentage rate.

The undersigned hereby authorizes the above named bank(s), trade and/or other credit reference(s) to release such information as is necessary to establish credit with your company.

**Statements/Correspondence for the Account Should be Addressed to:**

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Name	Title	Signature
_____	_____	_____

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Street Address	City	State	Zip
_____	_____	_____	_____



Affirmative Action/Equal Opportunity Employer

