

3001 17th St. S. – PO Box 248 Moorhead, MN 56561-0248 www.steinsinc.com

ACCOUNT APPLICATION

Please type or print the	n email the completed form	to email listed on the bottom of this form	1
pany Name:		Year Established:	
ress(Mail/Billing):		Address (Shipping):	
/St/Zip:		City/St/ Zip:	
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ounts Payable Contact:		Purchasing Contact:	
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tgage Holder or Leaser:			
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ase attach a copy*required) Form of Busine	essPrivately Owned	Partnership Corporation	
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<u>]</u>	Please list all owner, Part	ners, Etc.	
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	Bank Reference of the second o	PINCE You must provide the following Bank Information	ation
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