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 www.steinsinc.com

ACCOUNT APPLICATION

Please type or print then email the completed form to email listed on the bottom of this form

Company Name: _____ Year Established: _____
 Address(Mail/Billing): _____ Address (Shipping): _____
 City/St/Zip: _____ City/St/ Zip: _____
 Phone No: () _____ - Alternate Phone No: () _____
 Accounts Payable Contact: _____ Purchasing Contact: _____
 E-mail Address: _____ E-mail: _____
 Preferred Method of Billing: Email to: _____ or Mail _____
 Property : ___Leased ___Owned Purchase order number required? ___Yes___No
 Mortgage Holder or Leaser: _____
 Address _____ Phone No. () _____
 Is this Company Tax Exempt? ___No___Yes Exempt # _____
 (Please attach a copy*required) Form of Business ___Privately Owned___ Partnership___ Corporation
 Company Website: _____

Please list all owner, Partners, Etc.

| | | |
|---------------------|---------------------|---------------------|
| Name: _____ | Name: _____ | Name: _____ |
| S.S.# or EIN# _____ | S.S.# or EIN# _____ | S.S.# or EIN# _____ |
| Address: _____ | Address: _____ | Address: _____ |

Bank Reference

In order for your company to qualify for Open Account, You must provide the following Bank Information

Bank Name: _____ Phone No: _____
 Address: _____ Contact Person: _____
 City, State, Zip: _____ Checking Acct No.: _____ Is

this a borrowing relationship? Yes ___ No ___

Trade References

In order for your company to qualify for open account, you must provide at least three trade references.

| | |
|---|----------------------|
| (1)Company Name _____ | Phone No: () _____ |
| Address: _____ | Fax No/ Email _____ |
| City, State, Zip _____ | Contact Person _____ |
| (2)Company Name: _____ | Phone No: () _____ |
| Address: _____ | Fax No/ Email _____ |
| City, State, Zip _____ | Contact Person _____ |
| (3)Company Name _____ | Phone No: () _____ |
| Address: _____ Fax No/ Email _____ City, State, | |
| Zip _____ Contact Person _____ | |

Authorized Signature:

Email to sales@steinsinc.com