

Progressive Tool & Manufacturing Co.

290 5th Street NE PO Box 668

Pine Island, MN 55963

CREDIT APPLICATION

TO AVOID ANY DELAY IN PROCESSING, PLEASE RETURN THE APPLICATION FULLY COMPLETED ASAP.

BILL TO: _____ SHIP TO: _____

GENERAL BUSINESS INFORMATION

Type of Business _____ Fed. ID Number _____

Proprietorship Partnership Corporation Year Established _____ State of Incorporation _____

Minnesota Tax Status: Not Tax Exempt Tax Exempt Exempt Cert. Number _____

If tax exempt, please enclose a completed sales tax exemption certificate.

Officer's Name	Title	Accounts Payable Contact
_____	_____	Name _____
_____	_____	Phone _____

BANK REFERENCE

Name _____ Bank Officer _____
Address _____ Checking Acct. No. _____
Savings Acct. No. _____
Phone _____ Fax _____

TRADE REFERENCES

Name _____	Phone _____	Fax _____
Address _____		
Name _____	Phone _____	Fax _____
Address _____		
Name _____	Phone _____	Fax _____
Address _____		

I certify that all the information on this form is true and complete and is presented to PTM in order to establish open credit with terms being 1/10, Net 30. We agree to pay for purchases in accordance with the terms of sale. We authorize the release of credit information by our bank/trade references necessary for the processing of this credit application.

Authorized Signature _____ Date _____
Title _____