



# BEN'S STRUCTURAL FABRICATION

www.BuiltByBens.com

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Waite Park, MN 56387

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# CUSTOMER APPLICATION

Account Number

Date

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: Number: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Year Started: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Legal Form: \_\_\_\_\_ Fed ID#: \_\_\_\_\_ Credit Requested: \_\_\_\_\_

## Tax Exemption

*If tax exempt, please fill in the exemption number and complete the attached form. If not exempt, please provide the appropriate tax rates.*

Tax Exempt: \_\_\_\_\_ State Tax %: \_\_\_\_\_ County Tax %: \_\_\_\_\_

City Tax %: \_\_\_\_\_ Local Tax %: \_\_\_\_\_

Sales Tax Exemption Number: \_\_\_\_\_

## Contact Information

Buyer: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Check if P.O.'s are required. Names of others authorized to order: \_\_\_\_\_

A/P: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like to receive your invoices?

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Office Use Only

Approved / Refused by: \_\_\_\_\_

Date: \_\_\_\_\_

Principal Owner (s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Principal Owner (s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Bank References**

See Attachment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account #: \_\_\_\_\_  Business  Loans  Checking  Savings

**Trade References**

See Attachment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Please note: Fax numbers must be supplied for all credit references. We will be unable to process any application without Fax numbers.*

*Please furnish a current company or personal financial statement.*

*Terms: 1/2% 10 days, all payments are due 30 days from the invoice date. All past due accounts are subject to a late payment charge at the highest rate permitted by law not to exceed 1.5% per month; and are liable for all legal and/or fees that may result from any collection efforts on the principals and the company as listed above.*

*I certify that all the information on this application is correct. I fully understand and agree to your credit terms outlined above. I authorize the above references to release credit information on the principals and the company as listed above. This form needs to be filled out completely and signed before reviewing for credit purposes.*

*Guaranty: I, the undersigned, do hereby guarantee payment, as individual, of any indebtedness incurred by virtue for any and all credit extended in accordance with the above agreement and all of its terms and conditions stated above.*

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Receiving & Unloading Information

### Receiving Hours

- M \_\_\_\_\_ AM  
 T  
 W  
 T  
 F

Maximum Skid Weight: \_\_\_\_\_ LBS

Maximum Bundle Weight: \_\_\_\_\_ LBS

### Unloading

- By Hand  
 Forklift  
 Overhead Crane  
 Other

## Special Packaging Instructions

## Directions to Your Location