

# WILDLIFE RESEARCH CENTER, inc.

14485 Azurite St. NW., Ramsey, MN 55303-4859 Phone: 800-873-5873. 763-427-3350 Fax: 763-427-8354

## BUSINESS INFORMATION

Company Name \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Postal Address \_\_\_\_\_ Shipping Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Parent Company, If any \_\_\_\_\_

Years in business \_\_\_\_\_ No. of employees \_\_\_\_\_ Business License No. \_\_\_\_\_ Sales Tax # \_\_\_\_\_

Type of ownership ( ) INDIVIDUAL ( ) PARTNERSHIP ( ) CORPORATION

Please Indicate names of  
\_\_\_\_\_  
President  
\_\_\_\_\_  
Secretary  
\_\_\_\_\_  
Vice President  
\_\_\_\_\_  
Treasurer

List other employment or locations: \_\_\_\_\_

## OWNERS/OFFICERS INFORMATION

1. Name \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

## MAJOR SUPPLIERS (PLEASE DO NOT USE DISTRIBUTORS AS REFERENCES)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

ADD: \_\_\_\_\_ ADD: \_\_\_\_\_ ADD: \_\_\_\_\_

TEL: (\_\_\_\_) \_\_\_\_\_ TEL: (\_\_\_\_) \_\_\_\_\_ TEL: (\_\_\_\_) \_\_\_\_\_

ACCT NO. \_\_\_\_\_ ACCT NO. \_\_\_\_\_ ACCT NO. \_\_\_\_\_

## BANK REFERENCES

1ST Bank: \_\_\_\_\_ TEL: (\_\_\_\_) \_\_\_\_\_ 2ND Bank: \_\_\_\_\_ TEL:(\_\_\_\_) \_\_\_\_\_

ADD: \_\_\_\_\_ ( )Checking Acct ( ) Loan ADD: \_\_\_\_\_ ( )Checking Acct ( ) Loan

## PLEASE READ AND SIGN THE FOLLOWING STATEMENT AFTER YOU HAVE COMPLETED APPLICABLE SECTIONS

YOU ARE AUTHORIZED TO CONTACT PARTIES INDICATED ON THIS APPLICATION FOR VERIFICATION. FOR PURPOSES OF OBTAINING CREDIT. I/WE HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND ACCURATE, AND ANY FINANCIAL INFORMATION SUBMITTED CORRECTLY REFLECTS OUR FINANCIAL CONDITION. I/WE AGREE TO PAY ALL INVOICES WITHIN STATED TERMS AND TO PAY SERVICE CHARGES ON AMOUNTS PAID AFTER INVOICE DUE DATES AT A RATE OF 1.5% PER MONTH OR THE MAXIMUM ALLOWABLE RATE, WHICHEVER IS LESS. IN EVENT SUIT IS INSTITUTED TO COLLECT AMOUNTS OWING TO YOU AND A JUDGMENT IN RENDERED IN YOUR FAVOR I/WE AGREE TO PAY COURT COSTS AND REASONABLE ATTORNEY FEES. I/WE HAVE READ THIS AGREEMENT, A COPY HAS BEEN MADE AVAILABLE TO US OR IS AVAILABLE TO UPON OUR REQUESTING SAME FROM THE CREDIT DEPARTMENT.

DATE \_\_\_\_\_ BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE \_\_\_\_\_ BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

## PERSONAL GUARANTEE (PLEASE DO NOT INCLUDE TITLE WHEN SIGNING PERSONAL GUARANTEE)

FOR VALUE RECEIVED, INCLUDING MERCHANDISE, SERVICES, OR OTHER VALUABLE CONSIDERATION, I HEREBY UNCONDITIONALLY GUARANTEE AT ALL TIMES, FULL AND PROMPT PAYMENT, UPON DEMAND, OF ANY INDEBTEDNESS WHICH HAS BEEN INCURRED UNDER THIS AGREEMENT. I UNDERSTAND THIS TO MEAN THAT I WILL PERSONALLY GUARANTEE PAYMENT OF ALL DEBTS AND OBLIGATIONS UNDER THIS AGREEMENT.

DATE: \_\_\_\_\_ BY: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ BY: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_