



PO Box 249, Monticello, MN 55362
 Phone: 763-295-5119 Fax: 763-295-4992
 www.hoglundbus.com

BUSINESS CONTACT/BILLING INFORMATION

Company Name:			
Billing Address:			
City:	State:	County:	Zip Code:
Phone:	Fax:	E-mail:	
Date Business Commenced:		Tax Exempt #:	(Please attach exempt form)
Sole Proprietorship	Partnership:	Corporation:	Other:

PARTS ORDERING INFORMATION

Shipping Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-Mail:
PO Required:	Credit Limit Requested:	Authorized Buyer:

BUSINESS AND CREDIT INFORMATION

Bank Name:	
Bank Address:	Phone:
City:	Zip Code:
Type of Account:	Account Number:

BUSINESS/TRADE REFERNCES

Company Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	Acct Number:	
Type of Account:			

Company Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	Acct Number:	
Type of Account:			

Company Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	Acct Number:	
Type of Account:			

AGREEMENT

1. Statement closing date is the 25th day of each month. The balance is due by the 10th of the following month.
2. A finance charge of 1.5% per month is charged on any balance over 30 days old.
3. By submitting this application, you authorize Hogleund Bus Co., Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE

Signature:	Title:	Date:
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Internal Use Only

Date Approved: Approval Signature: Credit Limit: Account Type:

**AUTHORIZATION FOR RELEASE OF CREDIT
INFORMATION**

Date: _____

The undersigned hereby authorizes the release of account(s) information and experience to Hoglund Bus Co., Inc. for the purpose of establishing and/or updating credit information for Hoglund Bus Co., Inc.

(Name/Company Name) Print

(Signature)

(Title)