

# Meridian Display & Merchandising

162 York Ave. E.  
ST. PAUL, MN 55117  
PHONE: (651) 227-3020 / (800) 786-2501  
FAX: (651) 268-9441

## CREDIT APPLICATION AND REPRESENTATIONS

(The information provided below is confidential and exclusively for our use.)

### CUSTOMER INFORMATION:

Customer warrants that the following information is accurate and complete: (Please attach additional sheets as needed.)

Name of Customer (Legal Name)		Dun & Bradstreet Number	Federal ID # or SS #
Trade Name	City	State	Zip
Mailing Address	City	State	Zip
Shipping Address	City	State	Zip
Phone Number	Fax Number	E-Mail Address	
Contact Person - Position			

### BUSINESS FACTS:

☐ Proprietorship      ☐ Partnership      ☐ Limited Partnership      ☐ Corporation

☐ Other form of business: \_\_\_\_\_

Formed/incorporated under state laws of: \_\_\_\_\_

Date of formation, incorporation or partnership: \_\_\_\_\_

Is business a subsidiary or franchise? ☐ Yes      ☐ No

If YES, name of parent or franchisor: \_\_\_\_\_

Its address: \_\_\_\_\_

Length of time of present ownership: \_\_\_\_\_ years \_\_\_\_\_ months

Previous customer: ☐ Yes ☐ No Under what name? \_\_\_\_\_ Date of last transaction \_\_\_\_\_

Does Customer own or lease business premises?

☐ Owns:

Name of Mortgage Holder: \_\_\_\_\_

☐ Leases:

Lessor's Name: \_\_\_\_\_

Address (with city/state/zip) :

Address (with city/state/zip):

Phone Number (with area code):

Phone Number (with area code):

Name(s) of Lease Guarantor(s):

The Customer has a total of \_\_\_\_ corporate officers, shareholders, partners, general partners or proprietors.  
For each such person, please provide the following information. (Please attach additional sheets as needed.)

1. Name & Title	2. Name & Title
Home Address	Home Address
City, State, Zip	City, State, Zip
Social Security Number      % Shares Owned	Social Security Number      % Shares Owned

### BANKING:

Name of Account Holder	Account Number	Bank Officer
Bank Name	Phone Number	
Mailing Address	City, State, Zip	

Mailing Address			City, State, Zip
<b>TRADE REFERENCES:</b>			
Name:	Address	Phone Number	Fax
Number			
1.			
2.			
3.			
FINANCIAL STATEMENTS: If applying for credit in an amount in excess of \$ _____ please submit Customer's current financial statements as part of this Credit Application. STATE SALES TAX EXEMPTION: The Customer will be charged the applicable sales tax on all purchases unless Customer submits a valid resale certificate or other proof of exemption, which will be treated as part of this credit application.			

**Important -- Please read!!**

All of Customer's purchases from Tilsner Carton Co. or Meridian Display and Merchandising Inc. ("Supplier") shall be subject to the following terms, conditions and representations:

1. The Customer acknowledges that any extension or renewal of credit in respect to merchandise sold and delivered by Supplier is granted to the Customer by Supplier in reliance upon the information contained in this Application and further that the information contained herein: (i) is not materially false; (ii) accurately reflects the financial condition of the Customer; (iii) will be reasonably relied upon by Supplier; and (iv) is given to Supplier by the undersigned with the intent to receive the merchandise, services or extension or renewal of credit requested above.
2. The Customer represents and warrants that the Customer is solvent and able to pay its debts as they become due, and that the information as set forth herein and/or in any attachments submitted herewith and subsequent hereto discloses the true state of the Customer's financial condition as of the date thereof.
3. The Customer agrees to notify Supplier immediately in writing of any significant adverse change in the Customer's financial condition, or of any change in the form of ownership or identity of principals.
4. All merchandise and services purchased from Supplier are payable at the address shown on Supplier's invoices and statements of account. All amounts due Supplier are payable in full according to the terms stated on each invoice without offset or deduction.
5. Supplier may cancel extension of credit and/or discontinue deliveries at any time.
6. Open account terms shall be as stated on Supplier's invoice(s). No terms or conditions of Purchase Orders different from the terms of Supplier will become part of any Sales Agreement, Purchase Order or other document unless approved in writing by Supplier.
7. If any amount due Supplier is not paid within 60 days from the date of the corresponding invoice(s), a finance charge of 1.5% per month of the balance (which finance charges equals eighteen percent (18%) per annum) or the maximum rate allowable by law (whichever rate is less) shall accrue from the due date until paid.
8. Customer must obtain Supplier's authorization before returning any goods. Authorized returns may be subject to a restocking charge.
9. In the event the Customer requests Supplier to stock and deliver proprietary goods (i.e., goods having a limited use or market or not otherwise commonly stocked by Supplier) and the Customer ceases to purchase such goods from Supplier, Supplier will require the Customer to purchase the proprietary goods then in stock at Supplier's normal sales price.
10. All transactions arising under this Agreement shall be governed by the laws of the State of Minnesota. At Supplier's option, venue of any action to enforce this Agreement shall be either in Ramsey County, Minnesota, or the county where Customer's business is located.
11. In the event the account becomes delinquent, Customer shall pay Supplier's reasonable attorneys' fees associated with collection of the account plus attendant collection costs whether litigation is initiated or not.
12. The Customer certifies that the above information is true and correct and is given for the purpose of obtaining credit.

The Customer authorizes Supplier to inquire into and obtain from any bank, lending institution, credit reference or credit reporting agency, whether listed on the Credit Application or not, any and all information relating to the Customer's creditworthiness or financial condition.

DATED \_\_\_\_\_

\_\_\_\_\_  
Legal Name of Customer

By \_\_\_\_\_  
Officer, Owner or Partner's Signature

\_\_\_\_\_  
Print Name and Title of Person Signing