



1201 Mendota Heights Road  
Mendota Heights, MN 55120  
651.452.9889 • 800.215.3088 • Fax 651.452.3804  
www.TheYesGroup.com

## Credit Application

Please complete ALL information, sign, and return. Illegible or incomplete applications will be delayed. Payment Terms are Net 30 Days from the date of the invoice. Service charges will be applied at the rate of 1.5% per month on all past due accounts 30 days or older.

### Company Information

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

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

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

City, State, Zip Code: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

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

Primary Email Address: \_\_\_\_\_

Type of Company:  Individual / Sole Proprietor  Corporation  Franchise  Partnership

Length of Time in Business: \_\_\_\_\_

Federal ID#: \_\_\_\_\_ or Social Security# \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_

A/P Phone Number: \_\_\_\_\_ A/P Email: \_\_\_\_\_

### List of Owners / Partners

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

### Bank - Financial References

Banking Institution / Facility: \_\_\_\_\_

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

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

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

Account Number: \_\_\_\_\_



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### Supplier Trade References

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_

### Authorization

**Promise to Pay, must be signed by Company Owner(s), Partner(s), Principal Shareholder(s)**

In consideration for the extension of unsecured open account credit by The YES Group, Inc. to the above named company. I/We personally guarantee to The YES Group, Inc. that the company will pay all sums due to The YES Group, Inc. in a punctual manner according to the terms of the sales invoices. I/We agree to pay a monthly service charge of the maximum applicable state rate on all past due balances. I/We agree to pay all cost of collection and litigation on this account in accordance with the laws of the creditors state of incorporation. Further, we hereby authorize named bank and trade references to release to you information about our account as required to establish credit.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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