



CUSTOMER APPLICATION FOR CREDIT MES/CES

Agiliti ACCOUNT NUMBER _____

TRADE NAME AND ADDRESS (Ship To Name)
(If account has separate billing address, please list)

FIRM LEGAL NAME (Bill To Address)

State _____ Zip(9 Digit Please) _____
County _____
Phone (_____) _____
Fax (_____) _____

State _____ Zip(9 Digit Please) _____
County _____
Phone (_____) _____
Fax (_____) _____
GLN # _____
GPO Name _____

PLEASE CIRCLE ONE:

Corporation Partnership Sole Proprietorship

OFFICERS OR OWNERS

TITLE

PHONE NUMBER

PERSON TO CONTACT REGARDING FINANCIAL MATTERS

NAME _____ **TITLE** _____

PHONE NUMBER _____

Type of Business _____
Date Business Started _____
Incorporated in State of _____

Tax Exempt: (Circle One) **YES NO**
Tax Exempt number _____
(Must attach valid Exemption Form)

PO Required (Circle One) **YES NO**

TRADE CREDIT REFERENCES

Company Name	Account #	Phone #	City/State
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BANK REFERENCE

Bank Name	Account #	Phone #
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Bank Address	Bank Officer
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The Applicant warrants the information supplied above to be true. The Applicant authorizes Agiliti, Inc. to investigate the references herein, statements or other data obtained from Applicant or from any other pertaining to the Applicant's credit and financial responsibility. The Applicant agrees to abide by the Standard Terms of Sale published regularly by Agiliti, as shown on Agiliti's invoices, or by any other terms of sale upon which Agiliti and the Applicant should agree in writing. The Applicant agrees to pay interest on past due accounts the highest rate permitted by law, together with attorney's fees and all other costs and expenses incurred by Agiliti in collecting such accounts. The Applicant agrees that the laws of Minnesota shall govern all transactions between Agiliti and the Applicant, that exclusive venue and jurisdiction of any dispute or suit arising between Agiliti and the Applicant shall lie within the courts of the State of Minnesota, and the Applicant hereby consents to the jurisdiction of the Minnesota courts in any such dispute or suit.

BY: _____ **DATE:** _____
(Type or Print Responsible Officer or Owner)

SIGNATURE: _____ **TITLE:** _____