



900 Airport Road  
Princeton, MN 55371  
Telephone No. 763-389-2748 Facsimile No.: 763-389-2748

**CREDIT APPLICATION AND AGREEMENT**

CREDIT AMOUNT REQUESTED:\$\_\_\_\_\_

APPLICANT COMPANY NAME:\_\_\_\_\_

YEAR STARTED:\_\_\_\_\_ YEAR INCORPORATED:\_\_\_\_\_ EIN:\_\_\_\_\_

CORPORATE INFO (CIRCLE ONE): SOLE PROPEIETOR PARTNERSHIP LLC C-CORP S-CORP

CORPORATE ADDRESS:\_\_\_\_\_ CITY:\_\_\_\_\_

STATE:\_\_\_\_\_ ZIP:\_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CEO/PRESIDENT FULL NAME (Print): \_\_\_\_\_

EMAIL:\_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

SENIOR FINANCIAL OFFICER FULL NAME (Print): \_\_\_\_\_

EMAIL:\_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ACCOUNTS PAYABLE PERSON FULL NAME (Print): \_\_\_\_\_

EMAIL:\_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

BILLING ADDRESS, IF DIFFERENT FROM ABOVE: \_\_\_\_\_

EMAIL WHERE WE SHOULD SEND OUR INVOICES: \_\_\_\_\_

**BANK REFERENCES:**

BANK NAME: \_\_\_\_\_ BANK PHONE # \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

**OTHER:**

DO YOU REQUIRE USE OF PURCHASE ORDERS (circle one): YES NO

**CONTINUED ON NEXT PAGE --**



**TRADE REFERENCES WITH WHOM YOU CURRENTLY HAVE OPEN ACCOUNTS:**

**1) NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ PHONE:( \_\_\_\_\_ ) \_\_\_\_\_

**2) NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ PHONE:( \_\_\_\_\_ ) \_\_\_\_\_

**3) NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ PHONE:( \_\_\_\_\_ ) \_\_\_\_\_

IF A RESELLER, RESALE LICENSE # \_\_\_\_\_ SALES TAX EXEMPT? IF YES, ATTACH CERTIFICATE.

The undersigned certifies that the above information given for credit purposes is true and correct and authorizes Sylva Corporation, Inc. ("Creditor") or its assigns and any credit bureau or other investigative agency to investigate the references, statements or other data listed or accompanying this application from the date of this application until any unpaid sums owed the Creditor are paid in full. The undersigned authorizes all parties to release credit and financial information requested as part of said investigation. The undersigned agrees to Creditor's payment terms which are: PAYMENT IN FULL IS DUE WITHIN 30 DAYS OF INVOICE DATE UNLESS OTHERWISE NOTED AS DUE UPON DELIVERY. Interest of the lesser of two percent (2%) per month or legally allowed limit which will be applied to the unpaid balance from the billing date including post-judgment, together with all costs, expert witness fees, and reasonable attorneys' fees and any other costs or expenses of collection, incurred in collecting these amounts. This authorization cannot be revoked if any moneys are owed to the Creditor. We also agree that this credit application and agreement shall be enforced and construed pursuant to the laws of the State of Minnesota. Any claims that arise out of the sale, use, operation of products sold under this agreement, or out of any services provided under this agreement, shall be brought in the state, city and court of Creditor's choosing.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

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

WITNESS SIGNATURE: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

**CONTINUED ON NEXT PAGE—MUST BE SIGNED BY AN OFFICER OR PARTNER OF THE APPLICANT**



**PERSONAL GUARANTY**

In consideration for Sylva Corporation, Inc. ("Creditor") extending credit to \_\_\_\_\_ ("Company") on or after this date, the undersigned guarantor (s) ("Guarantors"), jointly and severally, hereby personally guarantee unconditionally the prompt payment of any sums or obligations which are now or shall hereafter become due and owing by the Company to Creditor. It is understood and agreed that credit, if extended, is to be on a continuing basis, and Creditor shall not be obligated to notify the Guarantors of the dates or amounts of any such credit, that the Guarantors waive demand and notice of default and agree that any extension of time or other forbearance which may be granted by Creditor shall not affect or alter Creditor's right under this guaranty.

The Guarantors for themselves and the above-named Company further agree to pay a service charge equal to the lesser of two percent (2%) per month or the legally allowed limit on all past-due, including post-judgment, balances as well as all costs and expenses Creditor may incur in connection with the collection of any past due balance or any other default by the Company on any agreement or transaction the Company may enter into with Creditor including, without limitation, reasonable attorney's fees, expert witness fees, and all other costs of collection. The Guarantors for themselves and the Company understand and agree that in signing this guaranty, they are submitting themselves to the jurisdiction of Creditor's choice of state or city and its courts and, in the event that litigation arises between the Creditor and the Company and/or any of the Guarantors and at the sole option of the Creditor, jurisdiction will be appropriate in the state of Creditor 's choosing and venue proper in the county of Creditor 's choosing.

This obligation of the Guarantors shall remain effective and be enforceable regardless of any subsequent incorporation, reorganization, merger, or consolidation of the Company or any other change in the composition, nature, personnel or location of the Company. This guaranty shall insure to the benefit of the Creditor, its successors and assigns and shall bind the heirs, executors, personal representative, administrators and other successors of the Guarantors.

\_\_\_\_\_  
**Signature of Guarantor (no titles)**

\_\_\_\_\_  
**Signature of Guarantor (no titles)**

\_\_\_\_\_  
**Name of Guarantor (please print)**

\_\_\_\_\_  
**Name of Guarantor (please print)**

\_\_\_\_\_  
**Residential Address**

\_\_\_\_\_  
**Residential Address**

\_\_\_\_\_  
**Home Phone Number**

\_\_\_\_\_  
**Home Phone Number**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**SSN**

\_\_\_\_\_  
**SSN**

# Certificate of Exemption

**Purchaser:** Complete this certificate and **give it to the seller.**

**Seller:** If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # \_\_\_\_\_.

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name \_\_\_\_\_ Project description \_\_\_\_\_

Type or print	Name of purchaser _____				
	Business address _____		City _____	State _____	Zip code _____
	Purchaser's tax ID number _____		State of issue _____		
	If no tax ID number, enter one of the following:	FEIN _____	Driver's license number/State issued ID number _____	state of issue _____	number _____
	Name of seller from whom you are purchasing, leasing or renting _____				
	Seller's address _____		City <b>Princeton</b>	State <b>MN</b>	Zip code <b>55371</b>

**Type of business.**

Type of business	<input type="checkbox"/> 01 Accommodation and food services	<input type="checkbox"/> 11 Transportation and warehousing
	<input type="checkbox"/> 02 Agricultural, forestry, fishing, hunting	<input type="checkbox"/> 12 Utilities
	<input type="checkbox"/> 03 Construction	<input type="checkbox"/> 13 Wholesale trade
	<input type="checkbox"/> 04 Finance and insurance	<input type="checkbox"/> 14 Business services
	<input type="checkbox"/> 05 Information, publishing and communications	<input type="checkbox"/> 15 Professional services
	<input type="checkbox"/> 06 Manufacturing	<input type="checkbox"/> 16 Education and health-care services
	<input type="checkbox"/> 07 Mining	<input type="checkbox"/> 17 Nonprofit organization
	<input type="checkbox"/> 08 Real estate	<input type="checkbox"/> 18 Government
	<input type="checkbox"/> 09 Rental and leasing	<input type="checkbox"/> 19 Not a business (explain) _____
	<input type="checkbox"/> 10 Retail trade	<input type="checkbox"/> 20 Other (explain) _____

**Reason for exemption.**

Reason for exemption	<input type="checkbox"/> A Federal government (department) _____	<input type="checkbox"/> J Agricultural production
	<input type="checkbox"/> B Specific government exemption (from list on back) _____	<input type="checkbox"/> K Industrial production/manufacturing
	<input type="checkbox"/> C Tribal government (name) _____	<input type="checkbox"/> L Direct pay authorization
	<input type="checkbox"/> D Foreign diplomat # _____	<input type="checkbox"/> M Multiple points of use (services, digital goods, or computer software delivered electronically)
	<input type="checkbox"/> E Charitable organization # _____	<input type="checkbox"/> N Direct mail
	<input type="checkbox"/> F Educational organization # _____	<input type="checkbox"/> O Other (enter number from back page) _____
	<input type="checkbox"/> G Religious organization # _____	<input type="checkbox"/> P Percentage exemption
	<input type="checkbox"/> H Resale	<input type="checkbox"/> Advertising (enter percentage) _____ %
	<input type="checkbox"/> I Capital Equipment	<input type="checkbox"/> Utilities (enter percentage) _____ %
		<input type="checkbox"/> Electricity (enter percentage) _____ %

*I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)*

<b>Sign here</b>	Signature of authorized purchaser _____	Print name here _____	Title _____	Date _____
------------------	---	-----------------------	-------------	------------