Affinitech Inc.
7970 Wallace Road
Eden Prairie MN 55344-2232
Email form to: deberhard@affinitechinc.com

BUSINESS CREDIT APPLICATION

Organization Information			
Name of Organization:		Website:	
Phone:	Fax:	Email:	
Registered Address: City:		State:	Zip:
DBA (if applicable):	**DUNS#:**	**NCES#** (if applicable)	

How long at current address?_____Date business commenced: _____

Type of Business: ◯ Public School ◯ Private School ◯ Charter School ◯ College/University

◯ State/Government Agency ◯ Corporation ◯ Partnership ◯ Sole Proprietorship

◯ Other(list)_____

Accounts Payable Information			
Contact Name:			
Phone:	Fax:	Email:	
Bill to Address (if different from above): City:		State:	Zip:
Parent Account to Link: Settings: ☐ Purchase Orders Required		☐ Tax Exempt	
Payment method: ☐ ACH	☐ Check	☐ Credit Card	

TERMS AND CONDITIONS

1. **RETURNED CHECKS/PAST DUE ACCOUNTS.** If any check, negotiable instrument, or credit line of purchaser is returned or rejected for any reason, a $20 service charge will be imposed by the seller for each such event. An account will be deemed past due if full payment is not received by seller in accordance with the terms specified in the Affinitech invoice. Past due accounts are automatically placed on C.O.D. cash/cashier's check and all shipments are withheld until the account is brought current. An interest charge of 1.5% per month (18% per annum) will be imposed by seller as to all sums not paid when due. In the event of legal action by seller to collect any sum due on account or enforce any term or condition of any invoice, purchaser agrees to pay all of seller's expenses of collection, including court costs and reasonable attorney's fees.
2. **TITLE OF GOODS.** Title to all goods, products, merchandise and items ("goods") specified on Affinitech invoices is retained by seller until all goods are fully paid for by purchaser and all obligations of purchaser have been fulfilled.
3. **TAX EXEMPT.** If you are a tax-exempt organization, please include your certificate along with this document.

Authorized Signature: _____ Date: _____

Name (Print): _____

Title: _____

CREDIT RELEASE FORM

Requested Credit Limit:			
Bank Information			
Bank Name:		Bank Officer:	
Phone:	Fax:	Email:	
Bank Address:			
	City:	State:	Zip:
Checking Account#:		Date Opened:	
Savings Account#:		Date Opened:	
Second Bank Information (If applicable)			
Bank Name:		Bank Officer:	
Phone:	Fax:	Email:	
Bank Address:			
	City:	State:	Zip:
Checking Account#:		Date Opened:	
Savings Account#:		Date Opened:	
Trade References			
Company Name:		Contact Name:	
Phone:	Fax:	Email:	
Company Address:			
	City:	State:	Zip:
Terms:	Credit Limit:	Acct#:	
Company Name:		Contact Name:	
Phone:	Fax:	Email:	
Company Address:			
	City:	State:	Zip:
Terms:	Credit Limit:	Acct#:	
Company Name:		Contact Name:	
Phone:	Fax:	Email:	
Company Address:			
	City:	State:	Zip:
Terms:	Credit Limit:	Acct#:	
Agreement			
1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Affinitech to make inquiries into the banking and business/trade references that you have supplied.			

Company Name:_____

Authorized Signature: _____ Date: _____

Name (Print):_____

Title:_____