

ADVANCE

SPECIALTIES COMPANY

- 1400 Jackson Street
- St Paul MN 55117
- 651.489.8881
- 800.328.9573
- 651.489.9416 Fax

Must be completed	Name _____			
	Phone _____		Fax _____	
	Address _____		Email _____	
	City _____	State _____	Zip _____	Website _____
Type of business _____ Individual _____ Partnership _____ Corporation _____				
Name of owners and addresses: _____ _____				
Name of officers _____				
You may attach your reference & bank information	How long in business _____ Former address if any _____			
	Have you ever done business with our company? _____ If so, when? _____			
	Under what name? _____			
	Financial statement enclosed- company _____ personal _____			
	If individual or partnership- _____		Social Security # _____	
	_____		Drivers License # _____	
	_____		State of Issue _____	
	_____		_____	
	_____		_____	
	Bank References:			
Name of bank _____		Phone # _____		
Checking acct. # _____		Savings acct. # _____		
Loan _____		Bank contact _____		
Credit references: (3 required) Please note emails or fax numbers are required.				
Name _____		Address _____		
_____		Phone _____		
_____		_____		
_____		_____		
_____		_____		
Accounts payable contact and email:				
Must be completed	I (we) promise to pay for all monthly purchases/leases when due (30 days from invoice date).			
	I (we) assume responsibility for all purchases contracted in the above name and address.			
	I (we) agree to pay 1 ½% per month service charge, or the highest allowable rate, whichever is greater, on all amounts outstanding over 30 days.			
	Signature (must be signed by owner or officer) _____			
	Title _____		Date _____	
Office use only	Approved: _____ Date _____		Initials _____	
	Account Number _____		Credit Limit _____	

Email completed application to: cpath@advancecos.com