



2440 Galpin Court
PO Box 690
Chanhassen MN 55317

www.waytekwire.com

Phone 952-949-0765
Toll Free 800-328-2724
Fax 952-949-0965
Toll Free 800-858-0319

We appreciate your interest in opening an account with us. Please complete and return this form.

BILLING INFORMATION

Complete Legal Name _____

Trade Name (if different than above) _____

Street or P.O. Box _____ City _____

State _____ Zip _____ Phone (____) _____ Fax (____) _____

SHIPPING INFORMATION (If different than above)

Company Name _____

Street _____ City _____ State _____ Zip _____

Contact Name _____ Phone (____) _____ Fax (____) _____

Division or Subsidiary of _____ Street _____

City _____ State _____ Zip _____ Phone (____) _____ Fax (____) _____

NOTE: If there are multiple ship-to locations, please attach list to application.

KEY PERSONNEL

Company Principals _____ Title _____

_____ Title _____

Purchasing Manager _____ Accounts Payable Manager _____

Purchasing Agent _____ Phone (____) _____ Fax (____) _____

E-mail Address _____

A/P Contact _____ Phone (____) _____ Fax (____) _____

E-mail Address _____

GENERAL INFORMATION

LEGAL FORM OF BUSINESS: Individual Business Partnership Corporation

If incorporated, please indicate which state _____ Date business established: _____

Federal ID # _____ Dun & Bradstreet # _____ Are P.O.'s Required? Yes No

NOTE: Minnesota and North Dakota businesses, please attach a copy of your Sales Tax Exempt Certificate.

Web Address _____

Type of business _____

How did you hear about Waytek? _____

(Please continue on other side)

TRADE REFERENCES

Please include full address, zip code, telephone numbers, and fax numbers.

1. Name _____ Acc't # _____
Street or P.O. Box _____ City _____
State ____ Zip _____ Phone (____) _____ Fax (____) _____

2. Name _____ Acc't # _____
Street or P.O. Box _____ City _____
State ____ Zip _____ Phone (____) _____ Fax (____) _____

3. Name _____ Acc't # _____
Street or P.O. Box _____ City _____
State ____ Zip _____ Phone (____) _____ Fax (____) _____

BANK REFERENCE

Name of Banking Institution _____ Acc't # _____
Street or P.O. Box _____ City _____
State ____ Zip _____ Phone (____) _____ Fax (____) _____
Account Officer _____

CREDIT RELEASE AND PAYMENT AGREEMENT

We agree to pay all invoices promptly, based on agreed terms of **2% 10 DAYS, NET 30 DAYS**. We also agree to be responsible for payment of any applicable service charges and attorney/collection fees.

The above information as well as that given on the reverse side is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Waytek Inc. to investigate the references listed pertaining to my/our credit and financial responsibility.

Name _____ Signature _____

Title _____ Date _____

Name _____ Signature _____

Title _____ Date _____

Thank you for your cooperation. We appreciate your business.