



# Polar Tool & Supply

3642 Scheuneman Road, Gem Lake, MN 55110

## Business contact information

Contact name:

Phone:

Fax:

E-mail:

Address:

City:

State:

Postcode:

In business since:

Sole trader:

Partnership:

Limited liability:

Other:

## Business and credit information

Postal address:

City:

State:

Postcode:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

Postcode:

## Business/trade references

**Company name:**

**Company name:**

Contact name:

Contact name:

Address:

Address:

City:

Postcode:

City:

Postcode:

Phone:

Phone:

Fax:

Fax:

E-mail:

E-mail:

**Company name:**

**Company name:**

Contact name:

Contact name:

Address:

Address:

City:

Postcode:

City:

Postcode:

Phone:

Phone:

Fax:

Fax:

E-mail:

E-mail:

## Agreement

1. All invoices are to be paid within **30 days**.
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
3. By submitting this application, you authorise **Polar Tool & Supply** to make inquiries into the banking and business/trade references that you have supplied.

## Personal Guarantee Signature

Title:

Title:

Date:

Date: