

8209 199TH AVENUE NW, NOWTHEN, MN 55330
 PHONE: 763-753-2628 / FAX: 763-213-0724
 Lakesidecabinets@tbinc.net



BUSINESS CONTACT INFORMATION			
Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
<ol style="list-style-type: none"> All invoices are to be paid 30 days from the date of the invoice. Other terms available when discussed prior to construction of cabinets. Claims arising from invoices must be made within seven working days. By submitting this application, you authorize Lakeside Cabinets and Woodworking to make inquiries into the banking and business/trade references that you have supplied. 			
SIGNATURES			
Title:		Title:	
Date:		Date:	