



M.B.E. Inc.
530 River Street S. Delano, MN 55328
ph 763.972.6654 fax 763.972.6824

CREDIT APPLICATION

COMPANY NAME: TRADE NAME / DBA:
BILLING ADDRESS:
CITY: STATE ZIP
TELEPHONE NUMBER: FAX NUMBER:
DATE EST. NO OF EMPLOYEES ANNUAL SALES YEARS AT LOCATION
TYPE OF BUSINESS: OWN RENT LEASE PLACE OF BUSINESS
PUBLIC CORP. PRIVATE CORP. PARTNERSHIP PROPRIETORSHIP DIVISION OF

NAME OF OFFICERS, OWNERS, AND / OR PARTNERS

NAME: TITLE:
HOME ADDRESS:
NAME: TITLE:
HOME ADDRESS:

PRESENT MAJOR SUPPLIERS:

NAME:
PHONE: FAX:
ADDRESS:
CITY STATE ZIP
NAME:
PHONE: FAX:
ADDRESS:
CITY STATE ZIP
NAME:
PHONE: FAX:
ADDRESS:
CITY STATE ZIP

BANK REFERENCES:

NAME OF BANK
PHONE: FAX:
ADDRESS:
CITY STATE ZIP

CHECKING ACCOUNT NO: LOAN ACCOUNT NO:

APPLICANT'S SIGNATURE CERTIFIES THAT THE ABOVE INFORMATION IS CORRECT. AS PART OF THE APPLICATION FOR CREDIT.. WE GRANT PERMISSION TO CONTACT CONSUMER CREDIT REPORTING AGENCIES, COMMERCIAL CREDIT REPORTING AGENCIES, AND ANY OR ALL OF THE TRADE AND BANK REFERENCES LISTED ABOVE, TOGETHER WITH ANY OTHER REFERENCES WHICH MAY BE PROVIDED BY THESE TRADE AND BANK REFERENCES.

DATE: SIGNED BY:
SIGNATURE: TITLE:



M.B.E. Inc.
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INDIVIDUAL PERSONAL GUARANTY

DATE: _____

I, _____, Residing at _____,
for and in consideration of your extending credit at my request to (Name of Company)
_____ (hereinafter referred to as the "Company"), of which I am
(Title) _____, hereby personally guarantee to you the payment at M.B.E. Inc., in the State
of Minnesota of any obligation of the Company and I hereby agree to bind myself to pay you on demand any
sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is
understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such
indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and
consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature: _____

Witness: _____



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BANK/TRADE RELEASE AUTHORIZATION

I have made application for credit with M.B.E. Inc., and I hereby authorize the release of the information for credit determination purposes.

Legal Name of Applicant and/or Trade Names: (Please type or print legibly.)

Legal Name: _____

DBA: _____

Street Address: _____

City, State Zip: _____

Bank Account Number: _____

Social Security Number: _____

Federal ID Number: _____

Applicant's Printed Name: _____

Applicant's Authorized Signature: _____

Applicant's Title: _____

Date: _____