



3796 Dunlap Street N, Arden Hills, MN 55112
800-328-4757 FAX: 800-328-4756
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CREDIT APPLICATION AND SALES PAYMENT AGREEMENT

OFFICE
USE
ONLY

ACCOUNT #: _____
APPROVED BY: _____
DATE: _____

DATE: _____ REQUESTED CREDIT LIMIT: \$ _____

COMPANY NAME: _____

PHONE: _____ FAX: _____

BILLING ADDRESS: _____ CITY _____ ST _____ ZIP _____

SHIPPING ADDRESS: _____ CITY _____ ST _____ ZIP _____

E-MAIL: _____

☐ Corporation State Tax Exempt Cert. No. _____ Year Business Started _____
☐ Partnership Fed. ID or S.S. No. _____ How long at Present Location _____
☐ Proprietor Number of Employees _____

Corporate Officers, Partners or Owners

Name & Title	Home Address	S.S. No.	Home Phone
1.			
2.			

Bank Information

Name of Bank	Bank Account Number	Phone Number
Name of Bank Officer	Authorized Signature for release of Information	

Trade References

Name	Address	Phone
1.		
2.		
3.		

The information provided herein is true and correct to the best of my knowledge. It is offered as an inducement to Warner Tech-care Products, LLC. (hereinafter "Seller") to extend credit to the below individual or entity (hereinafter "Buyer"). Seller and Buyer acknowledge and agree that all credit sales are subject to the terms and conditions.

Printed Name: _____

Title: _____

Signature: _____ Date: _____

Please Email Completed Form to info@warnertechcare.com