



3103 Mike Collins Drive 800.582.5162
Eagan, MN 55121 651.452.8452
jhfooster.com fax 651.681.9368

Providing innovative compressed air solutions since 1938

Credit Application

Company Name: _____

Billing Address: _____

City: _____ State: _____ County: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Email: _____ Web Site: _____

Federal Tax ID # _____ Tax Exempt # _____ SIC Code: _____

Check one: Corporation _____
Partnership _____
Proprietorship _____

**** Please Provide a Copy of the Appropriate Tax Exempt Certificate with this Form ****

We are taxable on: (check one) All items _____ Some items _____ Never _____

Officers: President: _____ Treasurer: _____

Type of Business: _____ Date Company was Formed: _____

Annual Sales: _____ Number of Employees: _____

AP Contact: _____ Phone # or Ext: _____

Bank Name: _____ Contact: _____

Phone: _____ - _____ - _____ Account #: _____

Three (3) Trade References D & B Number: _____

Table with 3 columns: Name, City & State, Phone. Three rows for trade references.

Please attach any additional information that would be useful in establishing credit for your company.

Signature: _____ Date: _____

Return to: Bobbie Halling
Contact information listed above
or bobbie.halling@jhfooster.com