



FEI, Inc.
 913 14th St SW, Valley City, ND 58072
 Phone: (800) 437-9702 • Fax: (800) 313-3299 • Email: custserv@feiinc.com
 Billings, MT • Hastings, NE • Valley City, ND • Yakima, WA
www.feiinc.com

APPLICATION FOR CREDIT

Company Name:		
Website:	Office Phone:	Office Fax:
Bill To Address:		
City	State	Zip
Ship To Address:		
City	State	Zip
Accounts Payable Contact:		
Phone:		Fax:
Email:		
Purchasing Contact(s):		
Phone:		
Email:		
Purchasing: <input type="checkbox"/> Fertilizer Equipment & Parts <input type="checkbox"/> Propane Equipment & Parts <input type="checkbox"/> Both		
Sales Tax Status: <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt (If exempt, complete and return proper state exemption certificate.)		Business located within city limits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Federal ID # or SSN:		Purchase by PO only: <input type="checkbox"/> Yes <input type="checkbox"/> No
Years in Business:	Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	
Annual Sales Volume: \$		Anticipated Purchases: \$
Credit Requested: \$		

PRINCIPAL OWNERS OR STOCK HOLDERS

Name:	Title:
Home Address:	
Name:	Title:
Home Address:	

BANK REFERENCE

Institution Name:			
Address	City	State	Zip
Contact Person:		Phone:	
Account #:		Type of Account:	

TRADE REFERENCES

Company Name:		Done Business Since:	
Address	City	State	Zip
Contact Person:		Phone:	Fax:

Company Name:		Done Business Since:	
Address	City	State	Zip
Contact Person:		Phone:	Fax:

Company Name:		Done Business Since:	
Address	City	State	Zip
Contact Person:		Phone:	Fax:

CREDIT TERMS: NET 15 DAYS, FINANCE CHARGES OF 1.5% PER MONTH WILL BE ADDED AFTER 30 DAYS.

I certify that all information on this application is correct and that I fully understand the credit terms as stated in this application. I (we) agree to proper payment as invoiced in consideration for credit extended. If at any time my account becomes past due and collection proceedings are necessary; all accrued interest and collection fees are my responsibility. Furthermore, FEI, Inc. may contact the above references to obtain credit information.

Legal Company Name: _____

Signature of Authorized Person: _____ Date: _____

PLEASE REMIT PAYMENTS TO: **FEI, Inc.**
913 14th Street SW
Valley City, ND 58072

For office use only:
 Account # _____ Credit Limit _____ Sales Territory _____



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Please complete this form in regards to receiving Invoices and Statements. Submit completed form via fax **(800) 313-3299** or scan/email custserv@feinc.com.

Company Name: _____

Accounts Payable Contact: _____

Bill To Address: _____

INVOICES AND STATEMENTS

FEI, Inc. has the capability to fax and email invoices and statements. Please indicate below how you wish to receive your invoices and statements. Please note that to receive invoices via email you must have Adobe Reader installed on your computer.

INVOICES – Please choose only one (1) of the following options to receive your invoices:

_____ Email Email Address: _____
 _____ Fax Fax Number: _____

STATEMENTS – Please choose only one (1) of the following options to receive your statements:

_____ Email Email Address: _____
 _____ Fax Fax Number: _____

I understand that by authorizing/providing the fax number(s) or email address(es) listed above, I consent to the receipt of communications sent by or on behalf of FEI, Inc. I understand that FEI, Inc. will not share my fax numbers or email address with other companies or organizations. This consent remains in effect until specifically terminated in writing by an authorized person.

Name: _____

Signature: _____

Date: _____