



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

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Credit Application

Company Name: _____

Billing Address: _____

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

Shipping Address: _____

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

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

Website: _____

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

Check one: Corporation _____ Partnership _____ Proprietorship _____ Other _____

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

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

Officers: President: _____ Treasurer: _____

Type of Business: _____ Date Company was Formed: _____

Annual Sales: _____ Number of Employees: _____

AP Contact: _____ Phone # or Ext: _____

Email: _____

Bank Name: _____ Contact: _____

Phone: _____ - _____ - _____ Account # _____

Three (3) Trade References

_____	_____	_____	_____
Company Name	City & State	Phone	Fax
_____	_____	_____	_____
Company Name	City & State	Phone	Fax
_____	_____	_____	_____
Company Name	City & State	Phone	Fax

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

Signature: _____ Date: _____

Return to Accounting: Contact information listed above, or accounting@jhfooster.com