



CREDIT APPLICATION

Professional Mosquito Control

20061 Edison Circle East
 Clearwater, MN 55320
 PHONE: 800-240-4262 FAX: (320) 558-2223

Professional Mosquito Control Consultant: _____

Please Print or Type

Contact Information	Billing Information
Contact Name	Accounts Payable Contact Name
Company Name	Company Name
Address	Address
Phone	Phone
Fax	Fax

General Company Information	
Legal Structure (check one that apply) <input type="radio"/> Corporation <input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input type="radio"/> Other	Open order amount _____
Federal Tax ID Number _____	Do You Require Purchase Order Numbers? Y__ N__
Dunn & Bradstreet Number _____	Credit Limit Requested _____
Are Your Purchases Taxable? Y__ N__	*** To process order
If tax-exempt, certificate number: _____	please attach copy of certificate
May we contact you via email to inquire about your PMC Account and discuss any open issues? Y__ N__	
If yes, please provide your email address _____	

Bank References	
Bank Name (#1)	Bank Account/Type
Bank Address	Bank City/State/Zip
Bank Contact	Bank Phone
Bank Name (#2)	Bank Account/Type
Bank Address	Bank City/State/Zip
Bank Contact	Bank Phone

Trade References	
Company	Phone
Address	Fax
City State Zip Code	
Company	Phone
Address	Fax
City State Zip Code	
Company	Phone
Address	Fax
City State Zip Code	

*PMC does not accept post-dated checks
A late fee may apply based on origination.*

The signature below represents and warrants that (a) the party signing below is an authorized representative of the company, and (b) that the information provided herein is a complete and accurate representation of the company's financial situation as of the date hereof. Any misrepresentation or fraudulent information will be the basis for default under this agreement.

By signing this form, I agree on all terms set by Professional Mosquito Control and expressly authorize PMC to contact the above references to determine credit worthiness.

Signature _____ Date _____

Print Name _____ Business Title _____

----- FOR OFFICE USE ONLY -----

Terms _____	D&B Rating _____
Collector Initial _____	Controller Initial _____
Special Notes _____	