



Please Fax to: Credit Department
(952) 808-1035

REASON Financial, Inc.
901 Cliff Road East Burnsville, MN 55337
LOCAL (952) 229-2060 FAX (952) 229-2061

Account Profile

Sales Representative: _____

Legal Business Name _____
 Billing Address _____
 Mailing Address _____
 City, State, Zip, County _____
 Desired Credit(Net Terms,COD,Cashier's or Credit C€ Estimate Sales _____

DBA _____
 Telephone _____ Fax _____
 Resale Exemption # (if applicable) _____ Federal Tax ID# (if app _____
 D&B # _____ Partnership/Proprietorship,Corpor _____
 Ownership in place since _____ Owner's/President's Name & Soci _____
 Owners Home Address _____ Owners Home Phone _____
 Accounts Payables Contact _____ Accounts Payables Ph _____

Bank Reference

Bank/Institution Name _____ Contact _____
 Full Address _____
 Telephone # _____ Fax # _____
 Account # _____
 Other Account # or credit line # _____

Personal Guarantee	
I/WE, the undersigned agree to guarantee payment of all sums due and owing. This guarantee shall be a continuing, irrevocable and indemnity to REASON.	
Signature _____	Date _____
Print Name _____	Social Security # _____
Witness _____	Date _____
Drivers License _____	State _____

I/We hereby certify that the information provided on this profile to REASON Financial, Inc. DBA REASON is correct and true. Therefore, I/We agree to comply with these terms. I/We, an authorized officer, grant permission to investigate the references, including consumer and commercial credit checks. I/We agree to pay within the terms of sale and understand that REASON will charge a \$25.00 service fee for each returned check. Interests accrue on all invoices or unpaid balance of invoices, past due, or beyond terms of sale at the rate of 18% annum. In the event payment is not made and this account is referred for collections, I/WE will pay actual cost of collection or a minimum amount of 25% of the principle. When suit or action by an attorney is begun, I/WE promise to pay your attorney fees in said suit or action. Further, I/WE understand that all sales and other transactions between us will be governed by the laws of the State of Minnesota, and any dispute arising from our business relationship will be litigated exclusively in the courts of Minnesota.

Is a copy of the most recent financial statement attached?
 YES () No ()

If no, when will it be available? _____

Have you given any security interest to any trade supplier or financial institution? If yes, indicate names below:
 YES () No ()

Signature _____ Title _____
 Print Name _____ Date _____

Trade References: (a minimum of three are required)

- Company: _____ Telephone: _____ Contact: _____
 Address: _____ Account #: _____
- Company: _____ Telephone: _____ Contact: _____
 Address: _____ Account #: _____
- Company: _____ Telephone: _____ Contact: _____
 Address: _____ Account #: _____

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