



**POROUS MEDIA**  
 1350 HAMMOND ROAD  
 ST. PAUL, MN 55110  
 PHONE (651) 653-2000  
 FAX (651) 653-2230

# CREDIT APPLICATION

PRIVATE AND CONFIDENTIAL

Please list **current** reference information including phone and fax numbers - Thank You.

## BUSINESS INFORMATION

BUSINESS NAME		PHONE	
BUSINESS' LEGAL NAME (IF DIFFERENT)		FAX	
ADDRESS			
CITY		STATE	ZIP
INDUSTRY	YEARS IN BUSINESS	NUMBER OF EMPLOYEES	AMT OF CREDIT REQUESTING
NAME OF PARENT COMPANY		BUSINESS STRUCTURE:	
		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP
		<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> DIVISION/SUBSIDIARY

## BANK REFERENCE

INSTITUTION NAME		CONTACT NAME	
CHECKING/SAVINGS ACCOUNT #	PHONE	FAX	

## TRADE REFERENCES

TRADE NAME		CONTACT NAME	
TELEPHONE #	FAX #	E-MAIL ADDRESS	
TRADE NAME		CONTACT NAME	
TELEPHONE #	FAX #	E-MAIL ADDRESS	
TRADE NAME		CONTACT NAME	
TELEPHONE #	FAX #	E-MAIL ADDRESS	

## AUTHORIZATION

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Porous Media in determining the amount and conditions of credit to be extended. I understand that Porous Media may also utilize the other sources of credit which it considers necessary in making this determination. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Porous Media in establishing a line of credit.

\_\_\_\_\_  
*Authorized Signature*  
 (for bank/credit inquiries)

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**Terms: NET 30 DAYS FROM DATE OF INVOICE (Any invoice past 30 days subject to finance charge)**