



3424 N. Service Dr. · Red Wing, MN 55066  
 Office (651) 388-9163  
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 800-657-4791  
 www.siewertstowing.com

## Account Application

Complete application in full and return

Company Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Type of Business \_\_\_\_\_ In Business Since \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_

Contact Person/Title \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

### Bank Information

Bank Name / Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Business References

Reference 1 \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reference 2 \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reference 3 \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

In consideration for extension of credit, debtor agrees to Credit Terms of NET 30 DAYS from invoice date. The signature below authorizes Siewert's Garage, Inc to charge interest on outstanding balances OVER 30 DAYS OLD at a rate of 1.0% per month or to the extent permitted by law.

We hereby authorize the above listed Bank and Business References to release information to Siewert's Garage, Inc. for the use in the evaluation of this Account request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

