Evolving Solutions, Inc.
Credit Application

3989 County Road 116, Hamel, MN 55340
TEL: 763.516.6500 FAX: 763.516.6555

Please complete this form in its entirety and fax back to Kelly Hubers at 763.516.6555.

General Business Information		
Legal Name (as registered with state)		
Bill To/Ship To Address:		
Telephone:	Fax:	A/P Contact Name/Phone #:

Corporate Information		
Date Business Started:	Years at Current Location:	# of Employees:
Federal ID #:	Annual Revenue:	Stock Symbol:
D&B (Duns #):	Business Type:	Corporation Registered in: (states):

Ownership Information		
Name:	Title:	Phone:
Name:	Title:	Phone:

Trade Supplier References			
Name/Contact:		Name/Contact:	
Address:		Address:	
TEL:	**FAX:**	**TEL:**	**FAX:**
Name/Contact:		Name/Contact:	
Address:		Address:	
TEL:	**FAX:**	**TEL:**	**FAX:**

Bank Reference		
Bank:	Bank Officer/Contact:	**TEL:** **FAX:**
Account No:	**Please fax copy of SIGNED Resale Exemption Certificate if appropriate.**	

Authorization		
I authorize **Evolving Solutions, Inc.** to make inquiries of the references named above. I authorize and request those references to provide information about my credit and banking history. I understand that acceptance of this application does not constitute an agreement to extend credit or to sell goods to me.		
Signature:	Title:	Date: