



FEI, Inc.
 913 14th St SW, Valley City, ND 58072
 (800) 437-9702 • Email: custserv@feinc.com • Visit us online at feinc.com
 Billings, MT • Hastings, NE • Valley City, ND • Yakima, WA

APPLICATION FOR CREDIT

Company Name:		Primary Contact:	
Mailing Address (US Postal Service Delivery):			
Physical Address:			
City	State	Zip	
Website:	Office Phone:	Contact Email:	
Sales Tax Status: <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt <i>(If exempt, complete and return proper state exemption certificate.)</i>		Business located within city limits: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Federal ID # or SSN:		Purchase by PO only: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Years in Business:	Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____		
Annual Sales Volume: \$		Anticipated Purchases: \$	

Please submit your State Sales Tax Exempt Certificate with this application.

Accounts Payable Contact:			
Billing Address:			
City	State	Zip	
Phone:		May we email invoices and statements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email:			
Purchasing Contact(s):			
Ship To Address (not PO box): Please attach a listing of any additional Ship To locations.			
City	State	Zip	
Phone:			
Email:		Do you want online ordering access? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Purchasing: <input type="checkbox"/> Fertilizer Equipment & Parts <input type="checkbox"/> Propane Equipment & Parts <input type="checkbox"/> Both <i>(If purchasing propane equipment and parts, complete and return Wholesale Propane Equipment Purchase Agreement.)</i>			

PRINCIPAL OWNERS OR STOCK HOLDERS

Name:	Title:
Name:	Title:

BANK REFERENCE

Institution Name:			
Address	City	State	Zip
Contact Person:		Phone:	
Account #:		Type of Account:	

TRADE REFERENCES

Company Name:		Type of Business:	
Address	City	State	Zip
Contact Person:		Phone:	Email:

Company Name:		Type of Business:	
Address	City	State	Zip
Contact Person:		Phone:	Email:

Company Name:		Type of Business:	
Address	City	State	Zip
Contact Person:		Phone:	Email:

CREDIT TERMS: NET 15 DAYS, FINANCE CHARGES OF 1.5% PER MONTH WILL BE ADDED AFTER 30 DAYS.

I certify that all information on this application is correct and that I fully understand the credit terms as stated in this application. I (we) agree to proper payment as invoiced in consideration for credit extended. If at any time my account becomes past due and collection proceedings are necessary; all accrued interest and collection fees are my responsibility. Furthermore, FEI, Inc. may contact the above references to obtain credit information.

Legal Company Name: _____

Signature of Authorized Person: _____ Date: _____
Please print, sign, and then mail or scan/email back to us.

PLEASE REMIT PAYMENTS TO: **FEI, Inc.**
913 14th Street SW
Valley City, ND 58072

For office use only:
 Account # _____ Credit Limit _____ Sales Territory _____



FEI, Inc.
 913 14th St SW, Valley City, ND 58072
 (800)437-9702 • Email: custserv@feiinc.com • Visit us online at feiinc.com
 Billings, MT • Hastings, NE • Valley City, ND • Yakima, WA

WHOLESALE PROPANE EQUIPMENT PURCHASE AGREEMENT

This form is required only for those applicants who plan to purchase propane parts and equipment.

1. I certify that we are in one or more of these propane industry related businesses: *(Check all that apply.)*
 - A. Propane Dealer
 - B. Propane Carburetion Installer
 - C. Propane Cylinder Filler
 - D. Heating Contractor/Certified Plumber
 - E. Hardware/Appliance Store
 - F. Plant Construction

2. I understand that it is the policy of FEI, Inc. to sell propane equipment only to companies that are qualified to install such products and that have liability insurance in the minimum amount of \$300,000 per occurrence.

3. We have a minimum of \$300,000 in liability insurance.

Insurance Company:
Policy Number:

Company Name:		
Address:		
City	State	Zip
Phone:	Fax:	
Email:		

Printed Name: _____ Title: _____

Signature: _____ Date: _____