

Name:

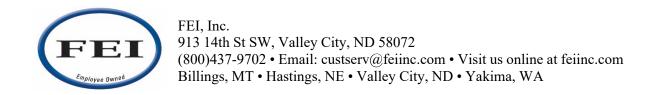
913 14<sup>th</sup> St SW, Valley City, ND 58072 (800) 437-9702 • Email: <u>custserv@feiinc.com</u> • Visit us online at <u>feiinc.com</u> Billings, MT • Hastings, NE • Valley City, ND • Yakima, WA

## ADDI ICATION FOD CDENIT

Ari	LICATION	TOR CREI	DI I				
Company Name:		Primary Contact:					
Mailing Address (US Postal Service Delivery):							
Physical Address:							
City	State		Zip				
Website:	Office Phone:		Contact Email:				
Sales Tax Status: Taxable E	xempt Business located		rithin city limits: Yes No				
Federal ID # or SSN:		Purchase by PO only:  Yes No					
Years in Business: Type of Business:	Type of Business:						
Annual Sales Volume: \$		Anticipated Purchases: \$					
Please submit your State Sales T	Tax Exempt Certific	cate with this applic	cation.				
Accounts Payable Contact:							
Billing Address:							
City	State		Zip				
Phone:		May we <b>email</b> invoices and statements?  Yes 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 <b>online ordering</b> access?					
Purchasing:  Fertilizer Equipment & Parts  Both  (If purchasing propane equipment and parts, complete and return Wholesale Propane Equipment Purchase Agreement.)							
PRINCIPAL OWNERS OR STOCK HOLDERS							
Name:		Title:					

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:	I	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:	
I certify that all information on the (we) agree to proper payment as collection proceedings are necess the above references to obtain creating the company Name:	his application is correct and that I invoiced in consideration for credisary; all accrued interest and collected information.  Please print, sign, and then mail of	fully understand the credit terms a st extended. If at any time my acception fees are my responsibility. Further scan/email back to us.	s stated in this application. I bunt becomes past due and rthermore, FEI, Inc. may contact	
For office use only: Account #	Credit Limit	Sales Territory		



## WHOLESALE PROPANE EQUIPMENT PURCHASE AGREEMENT

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

<ol> <li>I certify that we are in one or more</li> <li>A. Propane Dealer</li> <li>B. Propane Carburetion Instal</li> <li>C. Propane Cylinder Filler</li> <li>D. Heating Contractor/Certific</li> <li>E. Hardware/Appliance Store</li> <li>F. Plant Construction</li> </ol>	ller ed Plumber	dustry related busine	sses: (Check all that apply.)
2. I understand that it is the policy of such products and that have liability			to companies that are qualified to install 300,000 per occurrence.
3. We have a minimum of \$300,000 i	n liability insurance.		
Insurance Company:			
Policy Number:			
C			
Company Name:			
Address:			
City	State		Zip
Phone:		Fax:	
Email:			
Printed Name:		Title:	
Signature:		Date:	