



Dalco Enterprises, Inc. | 300 5th Ave NW, New Brighton, MN 55112 | 1.800.950.1975

**Branch Locations:**

Duluth: 218.729.6551 | Eau Claire: 715.271.1893 | La Crosse: 608.781.2534 | Hibbing: 218.263.8958

Marquette: 906.228.6350 | Marshfield: 715.384.2767 | Rochester: 507.288.3388

**ACCOUNT APPLICATION | AGREEMENT**

Legal Business Name \_\_\_\_\_

(dba) \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Fax \_\_\_\_\_ AP Contact \_\_\_\_\_

Preference for Invoices | Statements (complete one)

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

Accounts Payable Email (invoices | statements) \_\_\_\_\_

Purchasing Contact \_\_\_\_\_ Telephone \_\_\_\_\_

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

Delivery Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

(Please attach a separate page if needed for additional delivery addresses)

Business Type: \_\_\_\_\_ Date formed: \_\_\_\_\_ Federal Tax ID# or SS# \_\_\_\_\_

Type of Industry: \_\_\_\_\_ Are you a subsidiary of another company: \_\_\_\_\_

(If yes, provide Company Name and Address):

Name	Address	City	State/Zip
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SOLE PROPRIETORS OR BUSINESS OPERATING 2 YRS OR LESS, PLEASE COMPLETE THE FOLLOWING:

Name of Owner(s)	Home Address	Social Security#	Date of Birth

Does business qualify for Sales Tax Exemption?      Yes      No      \*If yes provide Certificate # \_\_\_\_\_

IF BUSINESS QUALIFIES FOR TAX EXEMPTIONS YOU MUST PROVIDE (HARDCOPY) TO AVOID SALES TAX CHARGES

Do you require a Purchase Order Number      Yes      No

Type of Industry: 01 School 02 Government 03 Hospital 04 Nursing Home 05 Retail Sales

Please circle one 06 Commercial Offices 07 Industrial/MFG/Construction

08 Contract Cleaners 09 Other\_\_\_\_\_

Please forward via email: [NewAccount@dalcoonline.com](mailto:NewAccount@dalcoonline.com) or Fax to: 651.251.6716

**Terms & Conditions**

Dalco Enterprises Inc. invites all established businesses to apply for credit herein. For and in consideration of granting open account terms as stated below, applicant authorizes Dalco Enterprises, Inc. and/or its agents to obtain credit information from the references provided in this application, and/or outside credit reporting agencies. Dalco Enterprises, Inc. reserves the right in its sole discretion to determine whether or not to extend credit to an applicant, to determine the amount of credit granted to an applicant, to increase or decrease said limits, and to revoke or modify such extension of credit to a customer.

**PAYMENT TERMS:** All invoices are due as noted on said invoice, except such billings on signed contracts are due as stated in the contract payment terms and conditions. The extension of credit is not intended to create a monthly payment plan or a revolving type credit plan. All accounts will receive a monthly statement as a convenience to balance the customer's account and are not intended for a monthly billing statement.

**FINANCE CHARGES | Collection Costs | Other Fees:** Finance charges may be imposed on all delinquent invoices at the periodic rate of 1.5% per month, which is an APR of 18%. The undersigned agrees to reimburse all costs, expenses, and attorney fees incurred in connection with this extension of credit that are incurred in efforts to collect any delinquent amounts due. It is understood a \$35 fee will be incurred for any returned checks; the account will be placed on hold and subject to C.O.D. status relinquishing any credit limit established. Further it is understood returned merchandise may be subject to a restocking fee.

I, the undersigned, have read and understand the credit policy of Dalco Enterprises, Inc. and agree to all conditions set forth and am an Owner or Officer of said entity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

**Thank you for choosing Dalco Enterprises, Inc.**

*For Office Use Only:*

Date:		Account Rep #		Customer #			
Credit Approval:		Contract Group #		Contract Group:			
Carrier ID:		Route/Stop Code:		Territory		Warehouse Code:	