

WILDLIFE RESEARCH CENTER, inc.

14485 Azurite St. NW., Ramsey, MN 55303-4859 Phone: 800-873-5873. 763-427-3350 Fax: 763-427-8354

BUSINESS INFORMATION

Company Name _____ Telephone(____) _____ FAX (____) _____

Postal Address _____ Shipping Address _____

City _____ ST _____ ZIP _____ Parent Company, If any _____

Years in business _____ No. of employees _____ Business License No. _____ Sales Tax # _____

Type of ownership () INDIVIDUAL () PARTNERSHIP () CORPORATION

Please Indicate names of

President Vice President

Secretary Treasurer

List other employment or locations: _____

OWNERS/OFFICERS INFORMATION

1. Name _____ Title: _____ Home Phone(____) _____

Home address: _____ City: _____ ST _____ Zip _____

2. Name _____ Title: _____ Home Phone(____) _____

Home address: _____ City: _____ ST _____ Zip _____

MAJOR SUPPLIERS (PLEASE DO NOT USE DISTRIBUTORS AS REFERENCES)

1. _____ 2. _____ 3. _____

ADD: _____ ADD: _____ ADD: _____

TEL: (____) _____ TEL: (____) _____ TEL: (____) _____

ACCT NO. _____ ACCT NO. _____ ACCT NO. _____

BANK REFERENCES

1ST Bank: _____ TEL: (____) _____ 2ND Bank: _____ TEL:(____) _____

ADD: _____ ()Checking Acct () Loan ADD: _____ ()Checking Acct () Loan

PLEASE READ AND SIGN THE FOLLOWING STATEMENT AFTER YOU HAVE COMPLETED APPLICABLE SECTIONS

YOU ARE AUTHORIZED TO CONTACT PARTIES INDICATED ON THIS APPLICATION FOR VERIFICATION. FOR PURPOSES OF OBTAINING CREDIT. I/WE HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND ACCURATE, AND ANY FINANCIAL INFORMATION SUBMITTED CORRECTLY REFLECTS OUR FINANCIAL CONDITION. I/WE AGREE TO PAY ALL INVOICES WITHIN STATED TERMS AND TO PAY SERVICE CHARGES ON AMOUNTS PAID AFTER INVOICE DUE DATES AT A RATE OF 1.5% PER MONTH OR THE MAXIMUM ALLOWABLE RATE, WHICHEVER IS LESS. IN EVENT SUIT IS INSTITUTED TO COLLECT AMOUNTS OWING TO YOU AND A JUDGMENT IN RENDERED IN YOUR FAVOR I/WE AGREE TO PAY COURT COSTS AND REASONABLE ATTORNEY FEES. I/WE HAVE READ THIS AGREEMENT, A COPY HAS BEEN MADE AVAILABLE TO US OR IS AVAILABLE TO UPON OUR REQUESTING SAME FROM THE CREDIT DEPARTMENT.

DATE _____ BY: _____ TITLE: _____

DATE _____ BY: _____ TITLE: _____

PERSONAL GUARANTEE (PLEASE DO NOT INCLUDE TITLE WHEN SIGNING PERSONAL GUARANTEE)

FOR VALUE RECEIVED, INCLUDING MERCHANDISE, SERVICES, OR OTHER VALUABLE CONSIDERATION, I HEREBY UNCONDITIONALLY GUARANTEE AT ALL TIMES, FULL AND PROMPT PAYMENT, UPON DEMAND, OF ANY INDEBTEDNESS WHICH HAS BEEN INCURRED UNDER THIS AGREEMENT. I UNDERSTAND THIS TO MEAN THAT I WILL PERSONALLY GUARANTEE PAYMENT OF ALL DEBTS AND OBLIGATIONS UNDER THIS AGREEMENT.

DATE: _____ BY: _____ PRINT NAME: _____

DATE: _____ BY: _____ PRINT NAME: _____