## ■ YES! I want to establish an Open Account with GOODSON

I understand that with this open account I will have 30 days to pay. A 1% discount is allowed on merchandise if payment is made within 15 days from the date of invoice. Any invoice not paid in full within 30 days will be past due and subject to a finance charge of 1.5% (18% annually). This form must be filled out completely to establish your open account.

| PERSONAL INFORMATION Please type or print clearly  |                                |  |                         |  |            |  |
|--|--------------------------------|--|-------------------------|--|------------|--|
| Company:   | Account No                     | .:   |                         |  |            |  |
| Billing Address:   |                                |  |                         |  |            |  |
| City:  | State:                         | State:                                       |                         | Zip Co   | Zip Code:  |  |
| Billing Contact: FIRST NAME LAST NAME  | Purchasing                     | Contact:                                     | FIRST NAME              |  | LAST NAME  |  |
| Billing Phone (Number:   | Purchasing<br>Phone Num        | ber: (                                       | )                       |  |            |  |
| Billing ( )  | Purchasing Fax:                | (  | )                       |  |            |  |
| Billing E-Mail:  | Purchasing                     | E-mail:                                      |                         |  |            |  |
| Please list three (3) other companies with which you all es to evaluate your credit worthiness. By completing the will remain confidential. DO NOT INCLUDE FINANCIA  Company Name & Acct. Number | his form you are authorizing u |  | s to conta<br>IT CARD ( | s to contact these businesses. All information |            |  |
| 1)   | Email Address                  | =mail Address                                |                         | Number   | Fax Number |  |
| 2)   |                                |  |                         |  |            |  |
| 3)   |                                |  |                         |  |            |  |
| I authorize Goodson to contact my references.  Signature:  |                                |  |                         |  |            |  |
| ABOUT YOUR BUSINESS  | Please t                       | Please type or print clearly                 |                         |  |            |  |
| Type of Business (select one)  | ☐ Partnership  Title           | Proprietorship Fed ID No.  Residence Address |                         |  |            |  |
| 1)   | 1100                           |  |                         | . Coluction F                                  | 144.000    |  |
| 2)   |                                |  |                         |  |            |  |

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