

HANDYMAN'S INC.

604 East St. Germain St | St. Cloud, MN 56304
Store: 320-251-3292 | Office: 320-640-6625

CREDIT APPLICATION

ORGANIZATION CONTACT INFORMATION

Organization name:

Contact person:

Phone:

***Required**

E-mail:

***Required to receive invoices and statements**

Address:

City:

State:

ZIP Code:

Organization Date commenced:

Business:

School:

Municipality:

Non-Profit/Church:

Other:

BUSINESS/TRADE REFERENCES

Organization name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Contact:

Organization name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Contact:

Organization name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Contact:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Handyman's Inc. to make inquiries into the business/trade references that you have supplied.
3. If there are any errors found on your month-end statement you will reach out before your payment is processed.

Thank You for letting us serve you

Signature:

Title:

Date:

Please return the completed Credit Application form via email to handyoffice@handymansinc.com