

<p align="center"><b>HANDYMAN'S INC.</b>          604 East St. Germain St   St. Cloud, MN 56304  <b>Office: 320-640-6685   Store: 320-251-3292</b>  <b>CREDIT APPLICATION</b></p>				
<b>ORGANIZATION CONTACT INFORMATION</b>				
<b>Organization name:</b>				
Contact person:				
Phone: <b>*Required</b>		E-mail: <b>*Required to receive invoices and statements</b>		
Address:				
City:		State:	ZIP Code:	
Organization Date commenced:				
Business:	School: <input type="checkbox"/>	Municipality:	Non-Profit/Church: <input type="checkbox"/>	Other:
<b>BUSINESS/TRADE REFERENCES</b>				
<b>Organization name:</b>				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:		Contact:		
<b>Organization name:</b>				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:		Contact:		
<b>Organization name:</b>				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:		Contact:		
<b>AGREEMENT</b>				
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. <p align="center"><b>Thank You</b> for letting us serve you</p>				
Signature:		Title:	Date:	

Please return the completed Credit Application form via email to [handyoffice@handymansinc.com](mailto:handyoffice@handymansinc.com)