



Fargo Enterprises, Inc. Micro-Tools



OPEN ACCOUNT APPLICATION & AGREEMENT

Name of Company				
Company Address	Street	City	State	Zip
Customer Number/	Gross Annual Sales		Years In Business	
Type of Organization	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership		
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		
Company Phone	Company FAX			

BANKING INFORMATION

Bank Name	Bank Address	Bank Officers Name		
Type of Relationship	Checking	Savings	Loan	Account Numbers

AUTHORIZING OFFICER INFORMATION

Name of Authorizing Officer				Credit Limit Desired	
Authorizing Officer must be one of the following (check one):					
<input type="checkbox"/> Pres./ Chairman	<input type="checkbox"/> Vice President	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Owner	<input type="checkbox"/> Partner	
Home Address	Street	City	State	Zip	
Date of Birth	Social Security Number		Home Phone		

Name of Owner					
Owners Home Address	Street	City	State	Zip	
Owners Date of Birth	Owners Social Security Number		Owners Home Phone		

CREDIT REFERENCES: (Give only names of those you buy from on open account)

Company Name	Account Number	Phone Number
Company Name	Account Number	Phone Number
Company Name	Account Number	Phone Number

TERMS AND CONDITIONS

The Annual Percentage Rate-(APR) is 18% on the past due balance. NET 30 Terms, payment is to be received in full within 30 days from the invoice date.
Late Payment Fee - The fee is \$5 for each billing period in which all past due charges are not paid in full.
Bad Check Fee - There is a \$20.00 fee if a check payment is not honored, or we must return it because it cannot be processed.

The Corporation, Partnership or Sole Proprietor(s) requests that Fargo Enterprises, Inc./Micro-Tools establish an open account ("Account") and represents and agrees as follows, that (1) all the information is correct; (2) Fargo Enterprise is authorized to investigate and obtain and exchange reports on all Employees and all other persons liable on the account regarding this application or resulting account with credit reporting agencies and others; (3) accounts may be issued to the Authorizing Officer; (4) acceptance or use of this Account constitutes agreement to the terms and conditions of the Fargo Enterprise Open Account Agreement.

This application must be signed by an officer, partner, or proprietor of the company with the authority to bind the company to the terms of this agreement. Title must be indicated. Where he or she signed the application, and it is signed only once, he or she will be signing both as the individual Applicant and the authorizing officer.

**I HAVE READ THIS AGREEMENT
AND AGREE WITH ITS TERMS**

Signature and Title of Authorizing Officer	Date
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**P.O. Box 6505 • Vacaville, Ca 95696-6505 • (707)446-1120
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