|  |
| --- |
| **Company Information** |
| Company Name Phone Number |
| Billing Address Fax Number |
| City/State/Zip Email Address |
| Corporation Partnership Sole Proprietorship Other |
| Type of Business: Years in Business: Account Payable Contact: |
| Federal Tax Id# Tax Exempt? Yes No If yes, please attach Credit Limit Requested  Certificate of exemption |
| **Names Of Owners, Officers, Or Those Responsible For Payment** |
| Name Home Address Home Phone Number |
| Name Home Address Home Phone Number |
| **Bank Information** |
| Principle Bank Name Contact Name |
| Fax Number Email Address Account Number |
| **Personal Guaranty**  In consideration of Midstate Disposal . extending credit to customer, the undersigned personally and individually guarantees unconditionally full and prompt payment of past, present and future obligations and terms due creditor from customer, hereby waiving notice of acceptance of this guaranty, notice of sale of goods, and/or labor provided customer and notice of default or change or extension of credit terms. Collection Costs: The undersigned Shall reimburse Midstate Disposal for all cost and expenses ,including all reasonable attorney’s fees incurred by Midstate Disposal in connection with protection ,defense, or enforcement of this guaranty in any litigation or bankruptcy or insolvency proceedings. The undersigned consent to any extension of time for payment and assert that this is a continuing guaranty of payment to creditor until revoked in writing. This Guaranty shall be governed by laws of the state of Minnesota. Any action brought to enforce this agreement or interpret its terms shall be venued in Dakota County District Court  **Guarantor Name Guarantor Signature Date** |
| **Authorization of Release** |
| I hereby authorize any bank, trade reference, or supplier to furnish account information and payment experience on any accounts in my name(s). I further hold harmless any bank, trade reference, or supplier for providing information.   1. Terms: Net 30. No discounts. 2. Finance Charges: Customer agrees that a finance charge of 18% will be applied to any past due balances and will become part of the balance due.   I certify that this information is correct for the purpose of opening an account. Your credit terms are understood and we agree to proper and prompt payment in consideration of extended credit.  **Print Name Authorized Signature Title Date** |

Doc # M-3 2021 PAGE 1 of 2

STATE OF \_\_\_\_\_\_\_\_\_   
COUNTY OF \_\_\_\_\_\_\_\_\_\_   
  
The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is/are personally known to me or satisfactorily proven to be the person who executed it for the purposes therein contained.   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Notary Public   
Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
(Seal)   
My Commission Expires:

Doc # M-3 2021 PAGE 1 of 2