North Star®
WATER CONDITIONING

NEW ACCOUNT APPLICATION

You may attach a business credit information sheet to this form in lieu of filling out this information. This application form must still be signed at the bottom and mailed or faxed to North Star.

Exact Trade or Corporation Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Subject is: Proprietorship ☐ Name of Proprietor: _____

Partnership ☐ Partners of Officers: _____

Corporation ☐ _____

Telephone: (___) _____ Fax: (___) _____ After Hours Number: (___) _____

Federal ID Number: _____ or SSN of Owner for Proprietorship: _____

You MUST attach a copy of your W-9 Certificate.

Tax Exempt: No ☐ Yes ☐ If yes, Tax ID Number: _____

If YES – You MUST attach a copy of either your Tax Exemption Certificate or Resale Certificate.

Incorporated: No ☐ Yes ☐

Type of Business: _____

How Long in Business? _____

Other important information that should be taken into consideration concerning your business: _____

_____

_____

_____

TRADE REFERENCES *(Indicate Major Supplier on Line 1) (Please show complete address)*

Name	Address	City	State	Zip	Fax #

Bank Name	Address	City	State	Zip	Fax #

Name of Contact _____ Account No. _____

Please return the completed application and mail to: North Star Water Conditioning
1890 Woodlane Drive
Woodbury, MN 55125

OR Fax to: 651-739-5293

Application form must be signed below by an officer of the company and returned along with any additional credit information provided. I hereby authorize North Star Water Conditioning to obtain information concerning any statements made herein and understand that a credit report may be requested in connection with this application and any subsequent update, renewal or extension of credit. To the best of my knowledge, the information I have provided is true. By signing below I acknowledge and agree to the terms and conditions of sale as stated on page 2 of the North Star Price List.

Applicant Signature: _____ Name: _____

Title: _____ Date: _____