



Credit Application

3800 Annapolis Lane Suite 165 Minneapolis MN 55447
Phone 800-367-7393 Fax: 763-553-9355 Email: optp@optp.com

Company Name: _____

Bill To:

City _____ St _____ Zip _____

Ship To:

City _____ St _____ Zip _____

Phone: (____) _____
Website: _____

Fax: (____) _____
Email: _____

Type of Business(Retail/Wholesale/Fitness/Rehab/etc) _____

of Years in Business: _____ **At this location since:** _____
Federal ID # : _____ **Purchase Order Required?** _____
Sales Tax Exempt #: _____ (attach a signed copy for OPTP)

A/P Contact:

Name _____ Title _____ Email _____
Phone (____) _____ Fax (____) _____

Bank Reference:

Bank Name: _____ Account # : _____
Bank Contact Name: _____ Type of Account: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone # () _____ Fax # () _____ Email: _____

Trade References:

- Name: _____ Account#: _____
Address : _____
Phone # () _____ Fax # () _____ Contact: _____
- Name: _____ Account#: _____
Address : _____
Phone # () _____ Fax # () _____ Contact: _____

The applicant hereby authorizes the Bank References listed herein to release all information requested. It is understood that all information will be kept confidential.

Signed: _____ **Title:** _____

Printed Name: _____ **Date:** _____