



CITI-CARGO & STORAGE

900 APOLLO ROAD • EAGAN, MN 55121
651-686-7221 • FAX 651-686-0455

SALESPERSON: _____

All Fields Required

CREDIT APPLICATION

CUSTOMER INFORMATION

Customer Name		Fed. Tax ID # or SS #		Phone #	
				Fax #	
Billing Address / Physical Address			City	State	Zip
Yrs Open	Purchase Order Required: YES NO		# of Employees	Tax Exempt? YES NO (If yes, attach a tax exemption certificate)	
Accounts Payable Contact	Phone	Fax	Business Structure: Individual Corporation Partnership		
A/P Email Address			Has Applicant Ever Operated in Bankruptcy YES NO		

BANK REFERENCES AND CONTACT PERSON

Bank/Location	Acct # / Contact Person	Phone #
		Fax #
Bank/Location	Acct # / Contact Person	Phone #
		Fax #

INSURANCE

Insurance Carrier:	Phone #
	Fax #
Agency	Policy #

CREDIT REFERENCES

Name	City/State	Acct # / Contact Person	Phone #
			Fax #
Name	City/ State	Acct # / Contact Person	Phone #
			Fax #
Name	City/State	Acct # / Contact Person	Phone #
			Fax #

THIS PARAGRAPH MUST BE INITIALIZED & SIGNED

**In the event that Citi-Cargo & Storage Co., Inc. is unable to extend credit, we may ask for a deposit or a prepayment.

Please initial the following to indicate that you acknowledge and agree to the following:

_____ LATE FEES/COSTS: Invoices are payable within 30 days unless otherwise stated. A late fee of 1 1/2% per month (18% per annum) will be added to balances over 30 days. Additional costs & attorney fees may be assessed in the event of a default.

_____ CORPORATE AUTHORIZATION: I am authorized to sign this credit application on behalf of the customer.

_____ CREDIT AUTHORIZATION: I authorize Citi-Cargo to verify credit references listed above and to request any credit information necessary.

_____ RETURN CHECK FEES: A \$30 fee will be charged for any check returned for insufficient funds or account closed.

_____ JURISDICTION: Any agreement entered into with Citi-Cargo will be construed according to the laws of the State of Minnesota

****I have read and understand the above****

Printed Name/Title

Signed Name

Date



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PERSONAL GUARANTY

I, _____ residing at _____
Name Home address City, State, Zip

for and in consideration of your extending credit at my request to _____
Company name

(hereinafter referred to as the "company") of which I am the _____
Title

Hereby personally guarantee to **CITI-CARGO & STORAGE CO., INC.** the payment of any obligation of the company and I hereby agree to bind myself to pay to you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guaranty shall be a continuing and Irrevocable guaranty and indemnity for such indebtedness to the company. I do hereby waive notice of default, non-payment and notice thereof consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature

Date

Printed name SS# (required)

Title

Witness

IF applicable

MINNESOTA REVENUE

ST3

Certificate of Exemption

Purchaser: Complete this certificate and give it to the seller.

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order #

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity, name and specific project:

Exempt entity name Project description

Name of purchaser

Business address City State Zip code

Purchaser's tax ID number State of issue Country of issue

If no tax ID number, enter one of the following: FEIN Driver's license number/State issued ID number state of issue number

Name of seller from whom you are purchasing, leasing or renting

Seller's address City State Zip code

Please print

Type of business. Circle the number that describes your business.

- 01 Accommodation and food services
02 Agricultural, forestry, fishing, hunting
03 Construction
04 Finance and insurance
05 Information, publishing and communications
06 Manufacturing
07 Mining
08 Real estate
09 Rental and leasing
10 Retail trade
11 Transportation and warehousing
12 Utilities
13 Wholesale trade
14 Business services
15 Professional services
16 Education and health-care services
17 Nonprofit organization
18 Government
19 Not a business (explain)
20 Other (explain)

Type of business

Reason for exemption. Circle the letter that identifies the reason for the exemption.

- A Federal government (department)
B Specific government exemption (from list on back)
C Tribal government (name)
D Foreign diplomat #
E Charitable organization #
F Religious or educational organization #
G Resale
H Agricultural production
I Industrial production/manufacturing
J Direct pay permit #
K Multiple points of use (services, digital goods, or computer software delivered electronically)
L Direct mail
M Other (enter number from back page)
N Percentage exemption
Advertising (enter percentage) %
Utilities (enter percentage) %

Reason for exemption

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY - If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Sign here

Signature of authorized purchaser Print name here Title Date



(REQUIRED)

To: Rental Customers

Re: Certificate of Insurance Requirements

PRIOR TO leasing trailers/containers from Citi-Cargo & Storage Inc., we require a Certificate of Insurance covering all trailers/containers to be leased.

The certificate NEEDS to list each of the following:

- General Liability coverage of \$1,000,000.00
- Physical Damage coverage with a maximum deductible of \$1,000
- Citi-Cargo & Storage, Inc. must be shown as Loss Payee and Additional Insured.
- List of trailers/containers and/or the statement:
"This certificate pertains to equipment leased or rented to the insured from Citi-Cargo and Storage Co., Inc."
- The company name on the Lease must be the same name as on the Certificate of Insurance.

Your insurance agent can Fax to: (651) 686-0455

Or

Email to : jabel@shiplsi.com

Please mail the original Certificate of Insurance to the following address:

Citi-Cargo & Storage Inc.
Attn: Jean Abel
900 Apollo Road
Eagan, MN 55121

If you or your agent should have any questions regarding this coverage matter please contact Jean Abel at (651) 286-8682. Thank You.

CREDIT CARD AUTHORIZATION FORM

If you have elected to use a credit card as a form of payment to Citi-Cargo & Storage for your invoice(s), please fill out form below. Please note that your credit card will be initially pre-authorized for an estimated amount to insure the funds are available. Once the invoice is generated, your credit card will be charged.

Customer Name: _____ SALESPERSON: _____

Credit Card #: _____ Exp _____ 3 digit code _____

Credit Card Billing Address: _____

Please select:

_____ One Time Charge: (Purchase) Estimated Amount:\$ _____

_____ Monthly Charge: (Rental) Estimated Amount w/delivery fees: \$ _____

I authorize Citi-Cargo to charge my account accordingly. I understand that my credit card will be pre-authorized as stated above. I have the authority to use this credit card. I also understand that if I have a monthly rental charge, it will be automatically charged to my credit card every month.
Please contact Linda at 651-286-8683 if you have any questions or concerns.

Name: (printed) _____ Title: _____

Signature: _____ Date: _____

____ YES! Please notify me by email immediately when my credit card is charged. I understand that I will also receive a paper copy of my invoice and the receipt by mail. My email address is:

We accept Visa, MasterCard and American Express

Please fax back to Jean at 651-686-0455

.....
office use only:

AUTHO-CODE: _____ DATE: _____ PROCESSOR: _____