

**FAR FROM NORMAL**  
**1318 39<sup>TH</sup> ST N. W. FARGO, ND 58102**  
[www.far-from-normal.com](http://www.far-from-normal.com)  
**800-877-1907 Fax 800-332-1174**  
**701-235-1089 Fax 701-235-1174**

**Credit Application: Minimum activity must average \$50 per month to keep account open.**

Name of Business \_\_\_\_\_ Federal Tax ID \_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Cell # \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Date Business Opened \_\_\_/\_\_\_/\_\_\_ Email address \_\_\_\_\_  
Sole Proprietorship ( ) Corporation ( ) Partnership ( )  
Business Owners Full Name \_\_\_\_\_ Social Security # \_\_\_ - \_\_\_ - \_\_\_

**Principal Officers or Partners are:**

Full  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_  
Rent ( ) Own ( ) Email address \_\_\_\_\_ Federal Tax ID# \_\_\_ - \_\_\_ - \_\_\_  
Nearest Living Relative \_\_\_\_\_

Full Name \_\_\_\_\_ Title \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_  
Rent ( ) Own ( ) Email address \_\_\_\_\_  
Nearest Living Relative \_\_\_\_\_

**Bank Information**

Checking ( ) Account # \_\_\_\_\_ Date Opened \_\_\_\_\_  
Savings ( ) Account # \_\_\_\_\_ Date Opened \_\_\_\_\_  
Loan ( ) Account # \_\_\_\_\_ Balance \_\_\_\_\_  
Name and address of Bank ( ) \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Open Account Credit References – [APPLICATIONS CANNOT BE PROCESSED WITHOUT FAX #'S!](#)**

Name \_\_\_\_\_ High Balance \_\_\_\_\_  
Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**OPEN ACCOUNT REFERENCES**

NAME \_\_\_\_\_ High Balance \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Fax ( ) \_\_\_\_\_

NAME \_\_\_\_\_ High Balance \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Liabilities**

Have you ever claimed bankruptcy? \_\_\_\_\_ When \_\_\_\_\_  
 Are you a defendant in any legal action? \_\_\_\_\_  
 Have you ever guaranteed any other debt? \_\_\_\_\_  
 Have you ever had any item repossessed? \_\_\_\_\_

Note: We must have an exemption certificate on file to exempt you from sales tax.

For the purpose of obtaining credit, the undersigned hereby authorizes Far From Normal or any Far From Normal agents to check my credit. I do hereby certify that the above information is true and correct to the Best of my knowledge. The undersigned also understands that all purchases are net 30 days and a 1.5 % (18 % APR) service charge will be assessed on accounts over 30 days past due. Shipping charges are Non – refundable and a 25 % restocking fee will be charged on authorized return items. By signing this application, the undersigned agrees to the above mentioned terms.

Owner / Officer

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Individual Personal Guarantee Far From Normal Supply, Inc.

Date \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
For and in consideration of your extending credit at my request to \_\_\_\_\_,  
(Herein after referred to as the "company " ), of which I am \_\_\_\_\_ (title),  
Hereby personally guarantee to you the payment at the **Far From Normal Supply, Inc.** location  
listed on the front of this application, of any obligation of the Company and I hereby agree to  
bind myself to pay 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 guarantee and  
indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-  
payment and notice thereof and consent to any modification or renewal of the credit agreement  
hereby guaranteed.

In case action is begun by **Far From Normal Supply, Inc.** to enforce an obligation under this  
guarantee, the undersigned promises to pay a reasonable attorney's fee in such action. If for any  
reason **Far From Normal Supply, Inc** shall institute any suit or action for the enforcement of  
any obligation by the undersigned including the payment of monies owed, the venue of any such  
suit or action may, at the option of **Far From Normal Supply, Inc** be maid in the City, State,  
County of the Branch location listed on the front of the application.

In witness whereof, we have set our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_( year ).

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Witness: \_\_\_\_\_ Address: \_\_\_\_\_

## RESALE EXEMPTION CERTIFICATE

I, the undersigned purchaser, hereby certify that I am engaged in the business of selling, leasing, or renting:

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(List items sold, leased, or rented)

And that the tangible personal property described below, which I shall purchase, lease, or rent from:

**Far From Normal Supply, Inc.**

Will be resold, leased, or rented by me; however, if any such property is used for any purpose other than retention, demonstration, or display while holding it for sale, lease, or rental in the regular course of business, I understand that I am required to report and pay the tax on the purchase price of such property.

Detailed description of property to be purchased for resale:

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Check applicable box:     *Single Purchase Certificate*     *Blanket Certificate*

If blanket certificate is checked, this certificate continues in force until cancelled by the purchaser. If the purchaser uses this property for other than exempt purpose, and fails to file a sales or use tax return declaring the taxable property, which the intent to evade the tax, the purchaser will be subject to the full penalty of the law.

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Purchaser's Business Name

Signature of Authorized Purchaser

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Address

Title

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City

State    Zip

Date

Purchaser's Sales/Use Tax Account #:
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If no number, state reason:

NOTE: SELLERS MUST KEEP THIS CERTIFICATE AS PART OF THEIR RECORDS.

\_\_\_\_\_ Yes, we pay sales/use tax on purchases from Far From Normal Supply, Inc.

\_\_\_\_\_ No, we do not pay sales/use tax on purchases at this time.