

2440 Galpin Court  
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 Chanhausen, MN 55317

[waytekwire.com](http://waytekwire.com)

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 Toll Free 800-858-0319  
[sales@waytekwire.com](mailto:sales@waytekwire.com)

**REMIT ADDRESS:**  
 PO Box 81  
 Chaska, MN 55318

*We appreciate your interest in opening an account with Waytek, Inc. Please complete all fields and return this form.*


## COMPANY INFORMATION

Complete Legal Name			
DBA (Doing Business As)			
Street Address and PO Box		City	State
Phone	Fax	E-Mail Address	

## BUSINESS INFORMATION

**BUSINESS STRUCTURE** (Check button)     Sole Proprietorship \*\*     Partnership \*\*     LLC \*\*     Corporation

State of Formation	Year Business Established	NAICS / SIC Code or Type of Business	Federal ID #	Dun & Bradstreet #
Website Address			Do you own or rent your facility? <input type="checkbox"/> OWN <input type="checkbox"/> RENT	

**MINNESOTA TAX EXEMPTION**     NO     YES     *If **YES**, please attach a copy of your Sales Tax Exempt Certificate.*

## KEY PERSONNEL

Title	Contact Name	Phone	Fax	E-Mail Address
Principal / Officer				
Purchasing Manager				
Purchasing Agent				
A/P Manager				
A/P Contact				

\*\* If your business is a **Sole Proprietorship**, a **Partnership**, or **taxed as a Partnership**, please complete this section.

Name	Title	Social Security Number

**PRIVACY POLICY:** Waytek, Inc. regards this Application and the information provided as confidential. We are committed to the responsible use and protection of your confidential information by limiting the access, use and retention of confidential information to what we believe is necessary to conduct our business and extend credit to you.

## BANK REFERENCE

Name of Banking Institution			Account Number	
Street Address		City	State	Zip
Phone	Fax	Contact Name	Contact E-Mail Address	

**TRADE REFERENCES** (Waytek, Inc. requires at least **three** trade references. If you have more than three, please attach to this APPLICATION.)

Name of Reference #1			Account Number	
Street Address and/or PO Box		City	State	Zip
Phone	Fax	E-Mail Address		
Name of Reference #2			Account Number	
Street Address and/or PO Box		City	State	Zip
Phone	Fax	E-Mail Address		
Name of Reference #3			Account Number	
Street Address and/or PO Box		City	State	Zip
Phone	Fax	E-Mail Address		

**INVOICING**



**GREEN CHOICES.** Waytek, Inc. is going paperless in an effort to reduce our carbon footprint and save paper. Please help us conduct our business in ways that protect our planet by providing your e-mail address or fax number so we can send your invoices electronically.

Check Invoice Preference 	<input type="checkbox"/> <b>E-Mail</b> (Provide e-mail address here)	<input type="checkbox"/> <b>Fax</b> (Provide fax number here)
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**CREDIT RELEASE AND PAYMENT AGREEMENT**

*Applicant agrees to pay all Waytek, Inc. invoices promptly on agreed terms of **2% 10 DAYS, NET 30 DAYS**. All goods are sold F.O.B. shipping point. Waytek, Inc. reserves the right to cease extension of credit without notice or to change terms of payment pursuant to any disclosure by Applicant according to section 409 of the Sarbanes Oxley Act. Applicant expressly agrees that it shall be liable for and **APPLICANT AGREES TO** pay all costs and fees, and any other expenses, whether or not incurred in connection with litigation, associated with the enforcement of any of the terms of this Application and a default under this Application, including not limited to reasonable attorney fees, court costs, and costs of collection.*

*The above information is being provided in conjunction with a request for open credit terms from Waytek, Inc. I hereby certify under penalty of perjury that the information provided is true and correct to the best of my knowledge. If this Application is accepted by Waytek, Inc., the undersigned agrees to terms of **2% 10 DAYS, NET 30 DAYS**. The undersigned further agrees that all issues and disputes relating to any credit arrangement extended hereunder shall be governed in accordance with the laws of the State of Minnesota without regard to or application of conflicts of law rules or principles.*

Applicant/Preparer

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

Signature and date required to process Application.

Thank you.