





f: (763) 477-3054

whe.org

P.O. Box 330 Rockford, MN 55373

CREDIT APPLICATION

Check One	Amount	Purpose	of Credit
Loan	\$		
Net 30	\$		
30-60-90 Payment Plan	\$		
Energy Resource Conservation Loan	\$		
Distributor/Developer (circle One)	N/A		
Other			
Applicant - All boxes must be completed of	otherwise application will b	e deemed incomplete	
Last name	First name	M.I.	Social security number
Address	City	State	Zip
Phone number	Check one: Own I	home Rent ho	me
Co-Applicant - All boxes must be complet	ed otherwise application w	ill be deemed incomp	lete.
Last name	First Name	M.I.	Social security number
Address	City	State	Zip
Phone number	Check one: Own I	home Rent ho	me
Business Applicant - All boxes must be co	mpleted otherwise applica	tion will be deemed ir	ncomplete.
Name of business	Years in business	Type of business	Federal ID number
Business address	City	State	Zip
Business mailing address (if different)	City	State	Zip
Business phone number	Phone number	Check one: Own buil	ding Rent building
Business owner last name	First name	M.I.	Social Security Number
Phone number			
Principal Officer (if not owner) last name	First name	Phone number	
The above information is correct and is solely give and to obtain additional information in reviewing			
Applicant signature	Date	Co-Applicant signature	Date
FOR OFFICE USE ONLY		MAIL COMPLETED FORM	TO: p: (763) 477-3000
Member number Account number	r	6800 Electric Drive	e: info@whe.org
Blates			

Notes