

CREDIT APPLICATION

Check One	Amount	Purpose of Credit	
<input type="checkbox"/> Net 30	\$		
<input type="checkbox"/> 30-60-90 Payment Plan	\$		
Applicant – All boxes must be completed otherwise application will be deemed incomplete.			
Last name	First name	M.I.	Social security number
Address	City	State	Zip
Phone number	Email	Check one: <input type="checkbox"/> Own building <input type="checkbox"/> Rent building	
Co-Applicant – All boxes must be completed otherwise application will be deemed incomplete.			
Last name	First Name	M.I.	Social security number
Address	City	State	Zip
Phone number	Email	Check one: <input type="checkbox"/> Own building <input type="checkbox"/> Rent building	
Business Applicant – All boxes must be completed otherwise application will be deemed incomplete.			
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: <input type="checkbox"/> Own building <input type="checkbox"/> Rent building	
Business owner last name	First name	M.I.	Social Security Number
Phone number	Email		
Principal Officer (if not owner) last name	First name	Phone number	
<i>The above information is correct and is solely given for the purpose of obtaining credit. WH is authorized to verify this information and to obtain additional information in reviewing this credit request. Both signatures are required for joint application.</i>			
Applicant signature	Date	Co-Applicant signature	Date

FOR OFFICE USE ONLY

Member number _____ Account number _____
Notes _____

MAIL COMPLETED FORM TO:

6800 Electric Drive
P.O. Box 330
Rockford, MN 55373

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e: info@whe.org
f: (763) 477-3054
whe.org