



4565 West 77th Street, Edina, MN 55435
952-926-7117 | 952-926-0793 - fax
81 County Road B East, Little Canada, MN 55117
651-287-0686 | 651-209-3065 - fax | 800-726-4686

ACCOUNT APPLICATION

Office Use Only:

Act #: _____

Terms: _____

Credit Limit: _____

Tax Group: _____

Directions:

STEP #1 - Provide Company & Owner Information. (If you would like to have a billable account continue to fill out Step #2. If not continue to Step #3), **STEP #2** - Provide Credit Application Information, **STEP #3** - Sign bottom of form, **STEP #4** - Turn over & fill out General Information, **STEP #5** - Double check you have fax numbers for Trade References & all other forms provided with this document, **STEP #6** - Turn in to Barker-Hammer Assoc, Inc Credit Department.

Step 1: ACCOUNT INFORMATION

Company Information:

Company Information:

Company Name _____ Date _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ e-mail _____

Type of Business? _____ Yrs in Business? _____

Have you bought from us before? _____ If so, when? _____

Under what name/s? _____

Tax Exempt yes ☐ no ☐ If yes, please provide a copy of tax exempt certificate, signed by an officer of the company, along with your ST3 form

Owner(s)/Officer(s) Information:

Name: _____ SSN: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

Name _____ SSN: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

Step 2: CREDIT APPLICATION

Owner Information:

Trade References (Companies that extend you net terms):

Company Name _____ Account Number _____

Address _____ City _____

State _____ Zip _____ Phone _____ Fax _____

Company Name _____ Account Number _____

Address _____ City _____

State _____ Zip _____ Phone _____ Fax _____

Company Name _____ Account Number _____

Address _____ City _____

State _____ Zip _____ Phone _____ Fax _____

Bank Name _____ Account Number _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____ e-mail _____

Step 3: SIGNATURE

Owner Information:

I herby certify I am authorized to make this application and allow verification of the information on this form. I personally guarantee payment of all goods/services purchased from Barker-Hammer Associates, Inc when due, and acknowledge if I fail to make payments (including finance charges, NSF fees, restocking fees, etc.) my account will be put on HOLD and a delinquency assessment of 1.5% per a month until paid (for a probationary period determined by the credit department). In the event the account is placed with an attorney for collections or suit of the same is collected through probate or bankruptcy proceedings, than an additional reasonable amount shall be added to the same as attorneys fees. I authorize Barker-Hammer Associates, Inc. to contact any reference or bank listed above deemed necessary to assess my and my companies creditworthiness.

Name _____ Signature _____ Date _____

Please Fax Application To 952-926-0793

General Information

Directions:

To have an account with Barker-Hammer Assoc, Inc.

STEP #1 - Provide Company & Owner Information

If you would like to have a billable account continue to fill out Step #2. If not continue to Step #3.

STEP #2 - Provide Credit Application Information

STEP #3 - Look over and than sign bottom of form

STEP #4 - Turn over and fill out General Information

STEP #5 - Double check that you have fax numbers for Trade References and all other forms provided with this document

STEP #6 - Turn form in to Barker-Hammer Assoc, Inc Credit Department. We will send you a letter when your credit approval has been determined

AUTHORIZED PURCHASING PERSONNEL (You are responsible to notify Barker-Hammer if purchasing status has changed.)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

ACCOUNTS PAYABLE

Name _____

Address _____ State _____ Zip _____

Phone _____ Fax _____ e-mail _____

MAILING LIST

☐ Yes, add me to the mailing list. Please provide mailing address.

☐ No, please do not add me to the mailing list.

Name _____

Address _____ State _____ Zip _____

☐ Yes, add me to the e-mailing list. (Please provide e-mail address) _____

☐ No, please do not add me to the e-mailing list.

How Did you hear about us?

Word of Mouth ☐ _____ Web Search ☐ Sales Contact ☐ Phone Book ☐ Interlink Supply ☐ Other ☐ _____

EDUCATION

Check box/s of courses you or your colleges would attend.

Please call and remind me when the below checked courses are. _____

Phone Number

Carpet Cleaning & Maintenance

- ☐ IICRC Commercial Carpet Maint Tech (CCMT) – 2 day
- ☐ IICRC Carpet Repair & Reinstallation Tech (RRT) – 2 day
- ☐ Power-Up Hands-On Cleaning – 2 day
- ☐ Fast Track Cleaning (BP) – 1 day
- ☐ Fast Track Advanced Spotting (BP) – 2.5 hrs
- ☐ Maxim Protection System (BP) – 90 min
- ☐ IICRC Color Repair Technician – 2 day

Upholstery Cleaning

- ☐ IICRC Upholstery & Fabric Cleaning Tech (UFT) – 1 day
- ☐ Hands on Upholstery Cleaning – 1 day
- ☐ IICRC Leather Cleaning Technician (LCT) – 2 day
- ☐ Basics of Leather (BP) – 90 min
- ☐ Leather Specialist (BP) –

Stone Tile & Wood

- ☐ IICRC Floor Care Technician (FCT) – 3 day
- ☐ IICRC Stone, Masonry, & Tile Care Technician (SMT) – 2 day
- ☐ Tile & Grout Cleaning Basics (BP) – 90 min
- ☐ Fast Track Tile & Grout Cleaning (BP) – 8 hrs
- ☐ Fast Track Wood Cleaning & Refinishing (BP) – 6 hrs
- ☐ Wood Cleaning & Refinishing – 90 min

Restoration

- ☐ IOT Certified Mold Technician Course
- ☐ IICRC Odor Control Technician (OCT) – 1 day
- ☐ Fast Track Odor Control (BP) – 4 hrs
- ☐ Urine Decontamination (BP) – 90 min

Health & Safety

- ☐ IICRC Health & Safety Technician (HST) – 2 day

Oriental Rug Cleaning

- ☐ IICRC Rug Cleaning Technician (RCT) – 2 day
- ☐ Fast Track Oriental Rug Cleaning (BP) – 8 hrs
- ☐ Oriental Rug Cleaning Basics (BP) – 2 hrs

Business Seminars

- ☐ How to Start a New Business (BP) – 2 hrs
- ☐ Business Employee Benefits (BP) – 1 hr
- ☐ Retirement Plans & Techniques Small Business (BP) – 1 hr
- ☐ Worker's Comp Issues (BP) – 1 hr
- ☐ Business Insurance Issues (BP) – 2 hrs
- ☐ Business Continuation (BP) – 2 hrs

Other
