



# Red Wing Stoneware Company

4909 Moundview Drive  
Red Wing, Minnesota 55066  
651.388.4610  
651.388.0208 Fax

Continuing the Tradition

## Applicant Store:

\_\_\_\_\_  
Store Name  
\_\_\_\_\_  
Owner / Officer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State & Zip Code  
\_\_\_\_\_  
Telephone

## Bank Reference:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State & Zip Code  
\_\_\_\_\_  
Account #:  
\_\_\_\_\_  
Telephone

## Trade References:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State & Zip Code  
\_\_\_\_\_  
Account #:  
\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State & Zip Code  
\_\_\_\_\_  
Account #:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State & Zip Code  
\_\_\_\_\_  
Account #:  
\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State & Zip Code  
\_\_\_\_\_  
Account #:

Type of account requested (Circle One): 30-day Account, Credit Card or Cash on Delivery:

Credit Amount Requested: \_\_\_\_\_.

I, \_\_\_\_\_ residing at \_\_\_\_\_ for  
(Individuals Name) (Name of City, State & County)  
consideration for your extending credit at my request to: \_\_\_\_\_ a  
(Company Name)

single proprietor, a partnership, a Corporation (Circle One), authorizes you to release credit information to RED WING STONWARE COMPANY. The information will be held in the strictest of confidence and used solely to establish and maintain an open line of credit with RED WING STONWARE COMPANY. I attest that this information given is true and correct. I agree that I (the individual named above) personally guaranty the account. I further agree that this individual personal guaranty is to be performed in Red Wing, Goodhue County, Minnesota. Should a dispute arise concerning this guaranty agreement the proper court to determine the dispute or to enforce this guaranty agreement shall be the Goodhue County District Court or any other court of proper jurisdiction in Goodhue County, the State of Minnesota. Finally, I agree to pay for all purchases, late fees, interest (1.5% per month, 18% annually accounts of 30 days) and collection cost whether purchasing with an open account (30-day), credit card or cash on delivery (Check).

\_\_\_\_\_  
Signature of Guarantor (Owner or President)

\_\_\_\_\_  
Individual's Social Security Number

\_\_\_\_\_  
Date