



CREDIT APPLICATION

Attn: Accounting
1500 S. Sylvania Ave. Suite 115
Sturtevant, WI 53177

Phone: (262) 554-4740
Fax: (262) 554-7246

CREDIT LINE REQUESTED \$1000

COMPANY INFORMATION

Date: _____

Name: _____

Trade or DBA Name: _____

A/P Contact: _____ Phone: (____) _____ Fax: (____) _____

A/P Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Type of Business: Corporation: () Partnership: () Sole Proprietorship: () Non/Profit: ()

Years in Business: _____ Federal Tax ID#: _____ Dun & Bradstreet# _____

U.S. TRADE REFERENCES – (or attach copy)

Name: _____ Phone: _____ Fax: (____) _____

Name: _____ Phone: _____ Fax: (____) _____

Name: _____ Phone: _____ Fax: (____) _____

BANKING INFORMATION

Bank Name: _____

Address: _____

Contact Name and Phone Number: _____

Officer and Owner Information

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

In consideration for credit being extended, I or we acknowledge and agree to the following: (1) Payment is jointly, severally and unconditionally guaranteed within 30 days of date of delivery; (2) any charges unpaid after the above 30 days are to be increased by 1½% per month; (3) any charges still outstanding after 90 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorney's fees, and court costs will be borne by the purchaser; (4) title to all work shall remain with the creditor until all invoices and additional charges have been paid in full; (5) all claims, requests for adjustments, or notification of errors must be made within thirty days, or charges are considered accepted; (6) this agreement shall apply to all current and future charges unless revocation is received by registered mail; (7) credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED AND VERIFIED

X

Authorized Signature Date Title