

# CREDIT APPLICATION



444 N. MADISON STREET  
PO BOX 110  
CHILTON, WI 53014-0110

1-800-279-2341  
FAX: 920-849-9576

(For Office Use)  
Acct. # \_\_\_\_\_

Credit Amount Desired \$ \_\_\_\_\_

For Corporation ( ) For Partnerships ( )

NAME \_\_\_\_\_ FAX # \_\_\_\_\_  
TEL. # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_  
SALES TAX EXEMPT # \_\_\_\_\_ STATE \_\_\_\_\_ P.O. REQUIRED (Y) (N)  
FEDERAL I.D. # \_\_\_\_\_ DATE BUSINESS STARTED \_\_\_\_\_  
KIND OF BUSINESS \_\_\_\_\_ OWNER'S NAME \_\_\_\_\_  
PAYABLES CONTACT \_\_\_\_\_ CONTROLLER'S NAME \_\_\_\_\_

**TRADE REFERENCES:** Other places where you have established open credit. Please complete entire name, address, and telephone numbers or your application will not be considered. Thank you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone # ( ) \_\_\_\_\_  
Fax # ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone # ( ) \_\_\_\_\_  
Fax # ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone # ( ) \_\_\_\_\_  
Fax # ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone # ( ) \_\_\_\_\_  
Fax # ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone # ( ) \_\_\_\_\_  
Fax # ( ) \_\_\_\_\_

**BANK REFERENCE:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Fax # ( ) \_\_\_\_\_

**TERMS:** Net 30 days from date of invoice. A Service Charge of 1.5% per month will be added to any unpaid balance after due date. All tax-exempt customers must have a signed tax certificate on file or tax will be charged. If necessary, attorney fees will be paid by applicant. Account may be placed on C.O.D. if our terms are not met.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_