

CREDIT ACCOUNT APPLICATION



1711 Paramount Court • Waukesha, WI 53186
1.800.558.6270 • Fax 800.558.1551 • Local Fax 262.513.5768

BUSINESS TYPE: Sole Proprietorship _____ Date: _____
 Partnership _____
 Corporation - In the State of: _____

Number of years in business: _____ Phone Number: _____
E-mail _____ Fax Number: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

NAME AND ADDRESS OF INDIVIDUALS OR PARTNERS - NAME/TITLE/PHONE NUMBER OF CORPORATE OFFICERS

NAME OF PERSONS TO CONTACT REGARDING PURCHASE ORDERS AND INVOICE PAYMENTS, TITLE AND PHONE NUMBER

BANK REFERENCE	BANK ACCOUNT NUMBER, CONTACT, TITLE & PHONE NUMBER
_____	_____
_____	_____
_____	_____

TRADE REFERENCES: COMPANY NAME, COMPLETE ADDRESS, PHONE/FAX NUMBER(S) AND ACCOUNT NUMBER

I (We) agree to pay all bills for purchases net 30 days from the date of invoice and thereafter any invoice over 30 days a 1-1/2% per month will be added to unpaid balance after invoice.

SIGNED: _____

The above information is herewith submitted for the purpose of opening an account and I do hereby certify this information to be true.

TITLE: _____

DATE: _____

Notes on Account Application: Approved Disapproved - Reasons _____

