

# 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

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

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

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

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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 \_\_\_\_\_  
\_\_\_\_\_  
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