



1016 Witzel Ave * P.O. Box 557* Oshkosh, WI 54903-0557 * Phone (920)231-8645
 Fax (920) 231-3051

Please Fax Back to (920) 231-3051

CREDIT APPLICATION

Account Name _____

Business & Legal Names (if different from above) _____

Mailing Address _____

Shipping Address _____

City State Zip _____

City State Zip _____

Phone Fax _____
 () ()

Phone Fax _____
 () ()

ADDITIONAL INFORMATION

Nature of Business _____

Names of owners/partners/officers Title _____

BILLING INFORMATION

Does the customer require a monthly statement of account?

Yes _____ No _____

Does the Customer have a check run schedule? MON TUE WED THUR FRI N/A

What is the customers status on tax? Exempt _____ Non Exempt _____
 (Please attach certificate)

PURCHASE ORDER INFORMATION

Is a purchase order number required on every invoice? Yes _____ No _____

MULTIPLE ACCOUNT CUSTOMER

Is there more than one delivery address? Yes _____ No _____

Are payments made for each delivery address separately? Yes _____ No _____

BANK REFERENCE

Name _____
Address _____

Phone () _____
Fax () _____

TRADE REFERENCE

Name _____
Address _____

Phone () _____
Fax () _____

Name _____
Address _____

Phone () _____
Fax () _____

Name _____
Address _____

Phone () _____
Fax () _____

Name _____
Address _____

Phone () _____
Fax () _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our bank(s) to release any information or trade references necessary to assist
In establishing a line of credit.

Firm Name _____
Address _____ City _____ Zip Code _____

Authorized by _____
Title _____

INTERNAL USE ONLY

Division _____
Salesman _____
Code _____ Tax _____
Credit Limit _____
Date _____
Approval _____