



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

Fax (920) 231-3051

Please email to: jent@blockiron.com

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 () _____
Email _____

Name _____
Address _____

Phone () _____
Fax () _____
Email _____

Name _____
Address _____

Phone () _____
Fax () _____
Email _____

Name _____
Address _____

Phone () _____
Fax () _____
Email _____

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 _____