

CREDIT APPLICATION

Company Name	Legal Name (if different)	Phone Number	Fax Number
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Billing Address	Shipping Address
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City	State	ZIP	City	State	ZIP
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Contact Person	Title	Phone Number	D&B Number (if available)	FEIN (if available)
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Type: Proprietorship Partnership Corporation Years Under Present Ownership: _____

Number of locations: _____ If multiple, please attach list. Non-Profit Organization: Yes No

Please describe your business:

SUPPLIER REFERENCES (MINIMUM THREE, FAX NUMBERS REQUIRED)

Supplier Name	Fax Number (REQUIRED)	Account Number	Contact
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Supplier Name	Fax Number (REQUIRED)	Account Number	Contact
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Supplier Name	Fax Number (REQUIRED)	Account Number	Contact
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If located in Wisconsin and not subject to sales tax, please include your resale or exemption certificate. Late payments may result in loss of discount pricing. Valid purchase orders are required for shipment. You agree to pay all invoices Net 30 days. Invoices unpaid thirty one days after invoice date shall be subject to a finance charge of 1.5% per month. You hereby certify that all information provided is true.

Signature (REQUIRED)	Print Name	Title	Date
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PLEASE FAX TO (888) 364-2377
APPROVAL GENERALLY TAKES 1 TO 5 BUSINESS DAYS,
DEPENDING ON YOUR SUPPLIER'S RESPONSE TIMES