



656 S. Douglas St.
P.O. Box 6
Ripon, WI 54971-0006

toll free 800-321-3136
tel 920-748-3136
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Credit Application

Company Name _____ Date _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Type of Business _____ Date Established: _____

Accounts Payable Contact _____ Phone (if different than above) _____

Annual Sales Volume: _____ Amount of credit line requested _____

Ownership: Sole Proprietorship _____ Partnership _____ Corporation _____ Other _____

Key Management Members and Owners	Titles	Percentage Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

Three Trade References

1) Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Contact Name _____

2) Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Contact Name _____

3) Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Contact Name _____

Bank Reference _____

Name/Branch

Phone

Fax #

Checking Account No: _____ Saving Account No: _____

Address _____ City _____ State _____ Zip _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our bank(s) and suppliers to release any information necessary to assist in establishing a line of credit.

Authorized By _____ Title _____

Our standard payment terms are net 30 days from invoice date upon credit approval. Please allow 2-5 working days for processing of application.