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APPLICATION FOR CREDIT

TO ESTABLISH AN OPEN ACCOUNT PLEASE COMPLETE THE APPLICATION BELOW
 AND RETURN IT TO US.

OUR TERMS ARE NET 30 DAYS

COMPANY NAME _____ PHONE _____

*BILLING ADDRESS _____ FAX _____

SHIPPING ADDRESS _____ WISCONSIN
 COUNTY _____

OTHER LOCATIONS _____

NO. OF YEARS IN BUSINESS _____ APPROXIMATE ANNUAL GROSS SALES _____

NAME OF OWNER OR PRESIDENT _____

WILL YOUR PURCHASES BE EXEMPT FROM WISCONSIN TAX YES
 FOR TAX EXEMPT PURCHASES PLEASE RETURN THE FOLLOWING FORM NO

MAJOR SUPPLIERS – TRADE REFERENCES

COMPANY NAME _____ PHONE _____
 STREET ADDRESS _____ FAX _____
 CITY _____ STATE _____ ZIP _____ E-MAIL _____

COMPANY NAME _____ PHONE _____
 STREET ADDRESS _____ FAX _____
 CITY _____ STATE _____ ZIP _____ E-MAIL _____

COMPANY NAME _____ PHONE _____
 STREET ADDRESS _____ FAX _____
 CITY _____ STATE _____ ZIP _____ E-MAIL _____

BANK NAME _____ PHONE _____ CONTACT _____
 ACCOUNT # _____ SIGNATURE _____