



## Credit Application

Credit Amount Requested

FIN 46-1577767 | ASI 75598  
T 800.369.8106 | F 608.845.1866

### Your Information

Organization Name \_\_\_\_\_ Individual Responsible for payment \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

ASI # \_\_\_\_\_ PPAI # \_\_\_\_\_ SAGE # \_\_\_\_\_

Date Business Established \_\_\_\_\_ Tax Exempt # \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_

Type of Business:    Proprietorship    Partnership    Corporation    Other \_\_\_\_\_ Fin# \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Accounts Payable Email \_\_\_\_\_

Is a PO Required with order?    Yes    No

### List 3 Credit References - Please Give Complete Information

Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NOTE: CREDIT TERMS ARE NET 15 DAYS. QUALIFIED DISTRIBUTORS CAN RECEIVE NET 30 DAYS.**

Price subject to change without prior notice. All sales subject to credit approval. No returns accepted without prior approval. All returns must be shipped prepaid in original cartons. Credit will not be given for returns damaged due to improper packing.

The transportation company acknowledges receipt of shipment in good condition by signing a bill of lading. It is consignee's responsibility to make all damaged freight claims.

Unless otherwise indicated on customer's order, partial shipment will be made when necessary and balance of order will be back-ordered until available.

**I certify that all information on this form is correct. We fully understand your credit terms and agree to pay according to terms in consideration of extended credit.**

Authorized Signature \_\_\_\_\_ Job Title \_\_\_\_\_ Date \_\_\_\_\_