



Credit Information Form

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____ E-Mail: _____

Tax # _____ Year Established _____

Copy of tax certificate is required. Please return with this completed form via fax to 262-251-4391.

Line of credit requested: _____ Anticipated yearly purchases: _____

Chief Executive: _____ Title: _____

Other: _____ Title: _____

Please check one: Sole ownership Partnership Corporation

Name of your bank: _____ Contact: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____ Account# _____

Other References: Companies you are now on open account with:

1) Name: _____ Contact: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____ Account# _____

2) Name: _____ Contact: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____ Account# _____

3) Name: _____ Contact: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____ Account# _____