

CREDIT INFORMATION FORM

Please return to Debbie Krueger – **Fax 920-751-1525**

Company Name: _____ Phone: _____
Address: _____ Fax: _____

Year in which business started _____

Corporation _____ Division _____ Subsidiary _____ Partnership _____ Self _____

If a *Division* or *Subsidiary* (Circle) of a larger company, give complete name and address of parent company.

Company name: _____
Address: _____ Phone: _____

Bank Reference (Please include account #'s)

Name: _____ Account # _____
Phone _____
Address: _____ Fax _____

List 4 major suppliers (excluding utilities, leases, freight). Please include fax #'s.

Name _____ Phone _____
Address _____ Fax _____

Name _____ Phone _____
Address _____ Fax _____

Name _____ Phone _____
Address _____ Fax _____

Name _____ Phone _____
Address _____ Fax _____

PLEASE NOTE OUR TERMS ARE NET 15

Are you tax exempt? No _____ Yes _____ Please sent tax exempt certificate

We hereby give you our permission to receive information on our company.

Signed by _____

Date _____