

CREDIT APPLICATION

Company			
Address			
City	State	Zip	
Phone	Fax	E-mail	
Principal(s)			
Tax Exempt ID#	State	(please attach copy of certificate)	
Date Business Started		Credit limit Requested	
Company operates as: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			
SS#	Fed ID#	D&B#	
Type of Business			
Own/Rent	Former Business Name		

Trade References

Name
Address
Phone
Fax
Contact
Email Address
Name
Address
Phone
Fax
Contact
Email Address

Bank Reference

Bank Name		
Address		
City	State	Zip
Phone	Contact Name	
Account #	Email Address	

Name
Address
Phone
Fax
Contact
Email Address

A/P Contact Information

Name	
Telephone	
Fax	
Email	
Email address to send statements	
Are you tax exempt? ___ Yes ___ No	
We are required to collect sales tax in multiple states. Please include an exemption form for each state pertaining to your business.	
If we do not have the exemption certificates on file, sales tax will be added when shipping to a states that requires us to charge tax.	
If you have questions, please call 608-237-8405 for assistance.	

Name
Address
Phone
Fax
Contact
Email Address
Name
Address
Phone
Fax
Contact
Email Address

The undersigned represents that he or she is authorized to act for Applicant and agrees on behalf of the Applicant as follows: Any indebtedness incurred by Applicant to Supplier will be primarily of business purposes. Any indebtedness incurred by Applicant to Supplier will be paid in full according to Supplier's terms of the Supplier's invoice reflecting such indebtedness, unless otherwise agreed in writing by Supplier. Any indebtedness not paid when due will be subject to a late payment penalty of 1% per month, until paid in full. Applicant hereby authorizes Supplier, and credit bureau, or other investigative agency employed by supplier, to investigate the references herein listed or statements or other data obtained from Applicant. Should credit be granted by Supplier, all decisions with respect to extension or continuation shall be in the sole discretion of Supplier. Supplier may terminate any credit availability within it's sole discretion. Information provided is not shared with any organization outside of the purpose of establishing credit with Supplier.

Signature _____ Date _____

Company
Contact
Fax Phone
Credit Application Sent by
Date P.O./Job Name
This box for Therma-Stor use only.