

 WI
 P: 800.657.0701

 F: 414.438.8565

 MN
 P: 800.359.6417

 F: 952.881.6743

CREDIT APPLICATION

Please fill out the following information completely so we may process your credit request. All information will be kept confidential.

Busir	ness Name:				
	et Address:				
City:			State:	Zip:	
Phor	ne #:	Fax #:			
Billir	ng Information, if d	lifferent from abo	ve:		
Stree	et Address:				
City:			State:	Zip:_	
How	many years have yo	ou been in business	?		
Type of business? Corporation:			Partnership:		Individually owned:
Are y	ou tax-exempt?				
	If so, please en	iclose a copy of yo	ur tax-exemptio	n certifi	cate
Woul	ld you like invoices	sent via E-mail?	Best E-mail A	ddress:	
Bank	Reference:				
Bank	Contact:		Phone#:		
Trad	le References:				
1).	Business Name -	+ Contact:			
	Street Address:				
	City/State/Zip:				
	Phone #:		E-mail:		
2).	Business Name -	Contact:			
	City/State/Zip: _				
3).	Business Name -	Contact:			
	Street Address: _				
	City/State/Zip: _				
	Phone #:		E-mail:		
	Signature:		Date:		

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