



CREDIT APPLICATION

PO Box 11906 Green Bay, WI 54307

Date of application _____

Name of firm or Individual: _____

Owner's Name: _____ Account's Payable Contact: _____

Account's Payable e-mail: _____

Street Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Phone #: () _____ Fax #: () _____

Federal I.D. or Social Security # _____ Resale # _____

L.C. # _____ Tax exemption # _____

MC # _____

Number of Tractors/Trailers: Tractors _____ Trailers _____

Purchase Order Required: Yes _____ No _____

Attach a completed copy of your exemption certificate, if applicable

Date established: _____ Corporation _____ Partnership _____ Ind. Proprietor _____

Anticipated monthly purchases: \$ _____ Annual sales volume \$ _____

Bank References

Bank: _____ Contact: _____ Address: _____

City, State, Zip: _____ Phone: () _____

Account # _____

Trade References

1. Name: _____ Phone# () _____

Address: _____ City, State, Zip _____

Fax # () _____ Email Address: _____

1. Name: _____ Phone# () _____

Address: _____ City, State, Zip _____

Fax # () _____ Email Address: _____

1. Name: _____ Phone# () _____

Address: _____ City, State, Zip _____

Fax # () _____ Email Address: _____

This application is made with the agreement that invoices are due in accordance with the terms specified. I certify that, as a basis for the extension of credit, all of the information on this application is correct.

Authorized Signature: _____ Title: _____

Office Use Only

References Reviewed by: _____ Date: _____

Credit: Approved _____ Credit Not Approved: _____ Comments: _____