



PLEASE RETURN IMMEDIATELY

NEW CUSTOMER INFORMATION AND CREDIT APPLICATION

Date _____

Person Sending _____

Business Name _____

Business Address _____
Street Address City State Zip Code

Billing Address _____
Street Address City State Zip Code

Is this a residence? Y/N _____ Own? _____ Rent? _____ Phone Number _____

Landlord/Rental Agent _____

Phone Number _____ Fax Number _____

Type of business or service _____

Length of time in present business _____ Length of time at present location _____

Please check one Corporation _____ Partnership _____ Sole Proprietor _____

Owner's Name _____

Fein#/SS# _____ Driver License # _____

Business/Personal References

1) _____
Name Address City Phone/Fax Contact

2) _____
Name Address City Phone/Fax Contact

Bank References

1) _____
Name Address City Phone/Fax Contact

2) _____
Name Address City Phone/Fax Contact

Last Courier/Logistics Provider Used? _____ When? _____

We the undersigned hereby agree to pay all invoices according to its terms. In the event an invoice is more than 30 days past due interest shall accrue at the interest rate of 1½% per month. Should creditor be forced to use its remedies under the law, including, but not limited to resorting to collection efforts, the above named company (and if an officer of the corporation has personally guaranteed the amount due) shall be responsible for the cost of collection. Should this matter be litigated, said company shall, in addition to collection costs, be liable for reasonable attorney's fees.

_____ Date _____

The undersigned hereby agrees, unconditionally, to guarantee any and all obligations incurred by the above named company, including, but not limited to collection costs and reasonable attorneys fees.

_____ Date _____

6005 West Ryan Road Franklin, WI 53132 (414) 421-8900 Fax: (414) 435-3127