



## APPLICATION FOR CREDIT

DATE: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL \_\_\_\_\_

CHECK ONE : CORPORATION: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_ INDIVIDUAL: \_\_\_\_\_

PARENT COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

OWNER NAME(S): \_\_\_\_\_ FEDERAL TAX I.D. \_\_\_\_\_

TAX I.D. : \_\_\_\_\_ If located in WI enclose tax form.

TYPE OF BUSINESS: \_\_\_\_\_

SIC CODE: \_\_\_\_\_ DATE STARTED: \_\_\_\_\_ OWN or RENT: \_\_\_\_\_

ESTIMATED ANNUAL PURCHASES: \_\_\_\_\_

DUNS NUMBER: \_\_\_\_\_

NAME OF PERSON TO CONTACT REGARDING ACCT: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ ACCT. # \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### TRADE REFERENCES (LIST THREE YOU ARE ON OPEN ACCOUNT WITH)

FIRM NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT: \_\_\_\_\_

We hereby authorize Pro Products, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility. I/We agree to pay invoices in accordance with your terms, which are 1% 10-Net 30.

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to Pro Products, Inc. via mail or fax at 920-743-7782. 918 S. Lansing Ave., Sturgeon Bay, WI 54235  
Thank you for your cooperation.

# Customer Data Sheet

Attn: Purchasing Department

Please complete/update this form and mail or fax to 920-743-7782. Thank you for your promptness.

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Office Hours: \_\_\_\_\_

Receiving Hours: \_\_\_\_\_

Personnel: (add phone, fax numbers and email addresses if different from above)

1. Purchasing Dept.  
contact: \_\_\_\_\_

2. Quality Control  
contact: \_\_\_\_\_

3. Accounting  
contact: \_\_\_\_\_

Preferred Method of Shipment:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Any special shipping instructions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you require an acknowledgment of your purchase order? \_\_\_\_yes \_\_\_\_no

**If you are a Wisconsin company, please include a sales tax exemption certificate. Thank you.**

**Please Note: Return Authorization Is Required on All Returns to Pro Products, Inc.**