



CREDIT APPLICATION

*TO ENSURE TIMELY AND ACCURATE PROCESSING,
PLEASE COMPLETE ALL FIELDS OF THIS FORM

Company Information

Company Name: Additional DBA's:		Phone #:	
Billing Address:		Fax #:	
Shipping Address:		FEIN #:	
Division of another company:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate company		
Is your company sales & use tax exempt.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please include your sales tax exemption certificate.	
Owner/President:		How long in business:	
Accounting Manager:		Purchase order required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accounts Payable contact: Name, direct line and email address		Email invoices to:	

Bank Reference

Name of Bank:			
Account #:	Phone #:	Fax #:	
Address:			

Trade References

Name:	Phone #:	Fax #:	
Address:			
Name:	Phone #:	Fax #:	
Address:			

I authorize the release of credit information by financial institutions or vendors to Wolter, Inc Should we not pay within agreed upon terms; we agree to pay interest at a rate of 18% annually plus any collection or legal fees incurred in connection with any debts owed to Wolter, Inc.

Print Name:	Title:
Signature:	Date:

[PLEASE COMPLETE AND FAX or EMAIL TO CORPORATE CREDIT AT: 414-721-9607 or cam@wolterinc.com](mailto:cam@wolterinc.com)

RESERVED FOR CORPORATE CREDIT DEPARTMENT USE ONLY:

Customer #:	Processed by:	Date:
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