



MADISON

2201 Advance Road
Madison, WI 53718
Phone (608) 441-1950
Fax (608) 441-1952

GREENVILLE

W6357 Design Drive
Greenville, WI 54942
Phone (920) 993-1089
Fax (920) 993-9285

WAUKESHA

21675 Doral Road
Waukesha, WI 53186
Phone (262) 798-3978
Fax (262) 798-4087

APPLICATION FOR CREDIT

DATE _____

CREDIT LIMIT REQUESTED _____

***REQUIRED INFORMATION TO PROCESS YOUR APPLICATION**

*BUSINESS NAME _____

*BILLING ADDRESS _____

*SHIP-TO ADDRESS IF DIFFERENT FROM ABOVE _____

*CITY / STATE / ZIP _____ *COUNTY _____

*PHONE _____ *FAX _____

*DATE BUSINESS STARTED _____

INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ OTHER _____

*ARE PURCHASE ORDERS OR JOB NAMES REQUIRED? YES _____ NO _____

PERSONNEL AUTHORIZED TO PURCHASE _____

FEDERAL TAX ID # _____ SELLER'S PERMIT # _____

TRADE REFERENCES – INQUIRIES CONDUCTED BY FAX ONLY !

1. NAME & ADDRESS _____

CONTACT PERSON _____ FAX _____

2. NAME & ADDRESS _____

CONTACT PERSON _____ FAX _____

3. NAME & ADDRESS _____

CONTACT PERSON _____ FAX _____

BANKING REFERENCE

NAME & ADDRESS _____

CONTACT PERSON _____ FAX _____

ACCOUNT # (Optional) _____

Please initial the following, certifying that you have read, understand and will comply with our terms for extending credit:

_____The buyer(s) whose signature(s) appear(s) below agree(s) to pay for all purchases within terms of **NET 30 DAYS**. Terms are set from the date on the invoice.

_____Should any collection action become necessary, the buyer(s) agree(s) that he/she/they will pay all costs and expenses of the collection action, in addition to all unpaid balances. Said costs are to include reasonable legal fees.

_____The undersigned buyer(s), individually and as an owner/officer of the company, has/have read, understand(s) and agree(s) to all of the above, attested thereto by the signature below.

_____The information given on this application is warranted to be true. Authority is given by me/us to investigate references listed to obtain information regarding my/our credit and financial responsibilities.

PRINCIPAL OWNER/OFFICER (please print) _____

SIGNATURE _____ TITLE _____

PLEASE RETURN THIS APPLICATION via FAX or MAIL TO:

Advanced Fastening Supply, Inc.
2201 Advance Road
Madison, WI 53718-6761
Phone: 608.441.1950 Fax: 608.441.1952

Thank you.