



N94 W14376 Garwin Mace Drive, Menomonee Falls, WI 53051 Phone: 262-255-2022 Fax:262-255-4052

Credit Application

Business Name: _____

Bill To Address: _____

City, State & Zip: _____, _____

Ship To Address: _____

City, State & Zip: _____, _____

Business Since: _____

Phone #: _____

Fax#: _____

Federal I.D. #: _____

Sales Tax Exempt #: _____

(Please Provide Copy of Certificate)

Officers & Title: _____

(President/Owner)

(Other)

Dun & Bradstreet #: _____

Bank Reference: _____

Contact: _____

Phone #: _____

Trade References:

1.) Company: _____

Contact: _____

Phone #: _____ Fax#: _____

2.) Company: _____

Contact: _____

Phone #: _____ Fax#: _____

3.) Company: _____

Contact: _____

Phone #: _____ Fax#: _____

The buyer hereby makes this application for credit and agrees that all invoices are due and payable according to the terms that appear on the seller's invoice(s). Any amounts not paid in the said period of time will be considered delinquent and a 1-1/2% monthly service charge will be applied. In the event the buyer defaults on payment and the seller must refer the account to a third party, the buyer agrees to pay all reasonable costs of collection including attorney's fees. The seller at its sole discretion may at any time with or without advance notice cease further extensions of credit to the buyer.

The information provided above is true and accurate to the best of our knowledge. We authorize Techmaster, Inc. to make any and all inquiries necessary for action on this credit application. We hereby indemnify Techmaster, Inc. and its agents from liability resulting from their credit survey.

Authorized Signature: _____

Print Name & Title: _____

Date: _____