

NEW ACCOUNT FORM – CREDIT APPLICATION

YOUR COOPERATION IN PROVIDING THE FOLLOWING CONFIDENTIAL INFORMATION WILL HELP US TO ESTABLISH YOUR COMPANY AND BETTER SERVE YOUR FUTURE BUSINESS NEEDS. **PLEASE PRINT OR TYPE.**

Firm Name _____
Street _____ Telephone _____
City _____ State _____ Zip _____ Fax _____
County _____ Federal I.D. Number _____

OWNERS or OFFICERS:

Name _____	Name _____
Home Address _____	Home Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Title _____ Telephone _____	Title _____ Telephone _____
Social Security No. _____	Social Security No. _____
Drivers Lic. No. _____	Drivers Lic. No. _____

Name _____	Name _____
Home Address _____	Home Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Title _____ Telephone _____	Title _____ Telephone _____
Social Security No. _____	Social Security No. _____
Drivers Lic. No. _____	Drivers Lic. No. _____

OTHER PERSONS AUTHORIZED TO PLACE ORDERS:

Name _____	Name _____
Name _____	Name _____
Name of Accounts Payable Person _____	

BUSINESS HISTORY:

1. Date business started _____ Years under present management _____	5. If so give details _____
2. Number of years at this location _____	6. D & B Rated: YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Type of business _____	Yearly sales volume (Approx.) \$ _____
4. In this Concern a: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Years incorporated _____ State _____	7. When invoicing is to be made to other than the above address, indicate billing address here _____
5. Is this Concern a division, subsidiary, or in any way affiliated with another company or corporation? YES <input type="checkbox"/> NO <input type="checkbox"/>	8. Estimated monthly purchases from WRISCO _____

PLEASE SUPPLY DATA REQUESTED ON BACK OF THIS FORM AND SIGN.



All requested data must be supplied before consideration can be given to establishing credit. The information given will be used only for the purpose of establishing an account in your firm's name and will be treated in strict confidence. Completion of this application does not automatically establish credit. Your application will be reviewed and a determination made as quickly as possible.

BANK REFERENCES:

Name of Bank _____	Credit Inquiry Fax _____
Street _____	Telephone _____
City _____	State _____ Zip _____
Savings Account No. _____	Checking Account No. _____
Bank Officer _____	Loan Balance _____
Name of 2nd Bank _____	Credit Inquiry Fax _____
Street _____	Telephone _____
City _____	Zip Code _____
Savings Account No. _____	Checking Account No. _____
Bank Officer _____	Loan Balance _____

SUPPLIER REFERENCES:

Please supply names of six firms where credit terms have been used regularly during the past 18 months.

Name of Supplier _____	Name of Supplier _____
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone _____	Telephone _____
Fax _____	Fax _____
Name of Supplier _____	Name of Supplier _____
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone _____	Telephone _____
Fax _____	Fax _____
Name of Supplier _____	Name of Supplier _____
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone _____	Telephone _____
Fax _____	Fax _____

TAX EXEMPTION NUMBER _____

NOTE: SALES TAX WILL BE CHARGED UNLESS EXEMPTION CERTIFICATE SUBMITTED WITH CREDIT APPLICATION. Please mail this form along with a completed tax exemption certificate and your most recent current financial statement to WRISCO at the address shown on the front of this form.

The above information is offered for your consideration as a basis for the extension of credit to us. If credit is granted, it is understood that payment be rendered in full accordance with the terms noted on your invoice. Past Due items can be subject to late payment service charges of 1½% per month or to the extent allowed by law. A service charge at the maximum allowed by law can be applied for any returned check. In the event that any account is placed with a third party for collections, I/We agree to pay all costs including reasonable attorney fees, court costs and finance charges. I/We authorize WRISCO to investigate our credit history, bank references and any other information deemed necessary to extend credit.

DATE _____ SIGNATURE _____ TITLE _____