



19000 W. Lincoln Ave.
New Berlin, WI 53146
Phone 262-542-2270
Fax 262-542-2291

Customer Credit Application

Date: _____

Name: _____

Address, City & Zip: _____

Phone: _____

Fax: _____

Line of Business: _____

Type of Business: _____ Corporation _____ Partnership _____ Individual

Tax Exempt: _____ Yes _____ No (please include tax exempt certificate)

Bank Information

Name & Account Number: _____

Contact & Fax Number: _____

Signature for Bank Inquiry approval: _____

Business References (those you have open accounts with)

Company Name	Address	Phone #	Fax #
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

I (we) certify that all information on this form is correct and that I (we) fully understand the payment terms of Certified Products, Inc. (Net 30). I (we) also acknowledge receipt of Certified Products "Credit Policy". I (we) agree to proper payment in consideration of extended credit, of receipt of statement of charges. Therefore, if such account is not paid as agreed, I (we) agree to pay, in addition to the aforementioned, interest or service charges starting with the date of such default plus all collection costs as provided by law and reasonable attorney's fees.

Officer's Signature (also print)

Title

Date