



Customer Credit Application

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

Note: *If your credit account is approved, payment is due 30 days from invoice date, not when you are paid on a project. Prompt payment is necessary to keep account open and access to materials.*

Name: _____

Address, City, Zip: _____

Phone: _____ Fax: _____

Type of Business: _____ Age of Business: _____

Legal Entity: LLC Partnership Corporation Individual

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

Bank Information

Name of Bank: _____ Account Number _____

Address, City, Zip: _____ Contact: _____

Phone: _____ Fax: _____

Credit References

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I certify that all information on this application is correct and that I fully understand the payment terms of Certified Products II, LLC. I also acknowledge receipt of Certified Products credit policy. I agree to proper payment upon receipt of statement of charges. If such account is not paid as agreed, I agree to pay, in addition to the aforementioned, interest or service charges starting with the date of default plus all collection costs as provided by law and reasonable attorney's fees.

Signature: _____

Title: _____

Printed Name: _____

Date: _____