



CREDIT APPLICATION

Please return completed form via email to: **asaindon@counter-form.com**
or Fax to: **(715) 387-3941**

Form must be complete for consideration - Please complete all shaded areas

Company Name:

Billing Address:

City:

County:

State:

Zip:

Phone:

Fax:

Accounts Payable Contact:

Phone:

Email:

Tax ID#*:

Tax Rate (Only if not exempt):

%

* Please provide Sales Tax Exemption Certificate

Years in Business:

Company:

Other:

Owner Officer:

Phone:

Owner Officer:

Phone:

Bank Reference:

Bank Name:

Contact:

Phone:

Trade References: (Must fill out all information)

	Company	Email	Phone	Fax
1				
2				
3				
4				

In signing this application, I certify the foregoing information to be true and correct. I acknowledge that I have the authority to act on behalf of the above named firm/individual. I understand and agree to the terms of sale in that all invoices will be paid within 30 days from the date of invoice and that a service charge of 1-1/2% per month, 18% annually, can be charged on any invoice or partial invoice outstanding after the date due. I further agree to pay reasonable collection and/or attorney fees and court costs in the event of suit to collect monies due. I waive objections to inquiries made by Counter-Form, LLC to references supplied on this application.

Print Name:

Date:

Signature:



Check to authorize accepted use of electronic signature.

Office Use Only:

Terms:

Credit Approved By:

Sales Representative:

Credit Refused By: