

WISCONSIN STAMPING COMPANY

12601 W. Silver Spring Drive, Butler, WI 53007

Phone 262-781-3170 Fax 262-781-8736

Confidential Credit Agreement

In consideration of opening a line of credit with Wisconsin Stamping Company, it is agreed that our company will pay all sums when due and according to terms stated in our company policy which are **Net 30 days for all invoices**. No alterations will be accepted for payment unless approved in writing by Wisconsin Stamping Company. Any balance past due, through no fault of Wisconsin Stamping Company, is subject to a service charge of **1-1/2%** per month as stated on the invoice. In the event of non-payment, the undersigned agrees to pay in addition to the principal amount due, all service charges, collection costs, reasonable attorney and court costs and any other reasonable fees due to Wisconsin Stamping Company. Applicant grants Wisconsin Stamping the option to acquire a Security Interest in which this Credit Application or a copy hereof may be used as a Security Agreement. I hereby authorize you to contact references and obtain information from outside sources that may be needed to obtain an open line of credit with Wisconsin Stamping Company.

Signature of Owner or Principal: _____ Date: _____
Name Printed: _____ Title: _____

Company Information

Company Name: _____ DBA: _____

Billing Address: _____ City: _____ County: _____ State: _____ Zip: _____

Main Billing Phone: _____ Main Billing Fax: _____

Shipping Address: _____ City: _____ County: _____ State: _____ Zip: _____

Main Shipping Phone: _____ Main Shipping Fax: _____

(if company has moved within the last 5 years)

Previous Address: _____ City: _____ State: _____ Zip: _____

Number of Years in Business: _____

Type of Business: Proprietorship Partnership Corporation Other: _____

If Incorporated: State of Incorporation: _____ Year of Incorporation: _____

Name of Owners or Authorized Officers of Corporation (Provide Home Address, Zip & Social Security Number for Proprietorship or Partnership):

Accounting Information

Bank Name: _____ Account Number: _____ Name of Officer: _____

Address: _____ Phone: _____ Fax: _____

Person Who Approves Bills for Payment: _____ Title: _____

Phone: _____ ext _____ Fax: _____ Email: _____

Person Who Issues Checks: _____ Title: _____

Phone: _____ ext _____ Fax: _____ Email: _____

Preferred Invoice Delivery Method: Mail Fax (Fax #: _____) Email (Email Address: _____)

Do you require Statements: Weekly Bi-Weekly Monthly Bi-Monthly Quarterly Does not require

Are your purchases exempt from Sales Tax? No Yes (If yes, please provide a copy of your tax exempt certificate or tax will be charged.)

Reference Information

Please supply a minimum of four unrelated Companies with a two year minimum history (no steel or transportation companies).

Company Name	Contact Name	Phone Number	Fax Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Other Information

Types of products you are planning to purchase from WSC: _____

Expected Annual Purchase Amount \$ _____ Current Supplier(s): _____

Please note: This form must be signed at the top or credit will be denied