



W22192 11th St.
Trempealeau, WI 54661
608-782-5301

REQUEST FOR NET 30 PAYMENT TERMS

LEGAL CORPORATE NAME:

TRADE NAME:

ADDRESS:

Tel#:

Fax#:

Email:

of YEARS IN BUSINESS:

Tax ID #:

OWNER'S NAME:

OWNER TEL#:

A/P CONTACT:

FAX#:

In the event credit privileges are extended, I/we agree to abide by the terms of sales of Net 30 Days and conditions. The information given is warranted to be true and given for the purpose of obtaining credit. The applicant consents to the obtaining of credit and/or personal information as may be required in connection with the credit line hereby applied for, or any renewal or extension thereof, and to the disclosure of any information concerning the undersigned to any credit agency or to any person with whom the undersigned has or proposes to have financial relations. Failure to comply with these Terms and Conditions may result in the cancellation of Credit privileges without notice.

DATE:

SIGNATURE: