

# CREDIT APPLICATION

Please complete and return as soon as possible. This is for our information only and will be held in complete confidence. No credit information will be released regarding the account status except through a written request. We need to have a signed form on file. Thank you.

Business Name \_\_\_\_\_ Account No. \_\_\_\_\_ Date \_\_\_\_\_  
Corporation \_\_\_\_\_ Billing Address \_\_\_\_\_  
(or Owners Name) (if different)  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ City \_\_\_\_\_  
State/Zip Code \_\_\_\_\_ State/Zip Code \_\_\_\_\_  
Business Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Fax Number ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_  
President/General Manager \_\_\_\_\_ Accounts Payable Manager \_\_\_\_\_  
Business is a  Corporation in state of \_\_\_\_\_  Partnership  Sole Proprietor  Club/Organization (non-profit)  
Federal Tax ID Number \_\_\_\_\_ Sole Proprietor's Social Security Number \_\_\_\_\_  
Year Company Established \_\_\_\_\_ How Long At Present Address \_\_\_\_\_

## Bank Reference

Bank \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
Type of Account \_\_\_\_\_ Account No. \_\_\_\_\_

## Trade References

Company Name \_\_\_\_\_ Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

Terms: Net 10 days. A finance charge of 1-1/2% per month (18% APR) will be charged on accounts not paid by the due date. If formal collection proceedings are required, all court costs and attorney fees will be paid by customer. I understand the terms of sale and agree to abide by them. I hereby authorize the release of all credit information to The Booster Inc. Terms of sale are determined by The Booster Inc. The Booster does not acknowledge or recognize any alterations of these terms.

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please return to:

## The Booster Inc.

31 West Sumner Street, Hartford, WI 53027 • Phone 262-673-2900 • Fax 262-673-2907  
834 South Main Street – West Bend Plaza, West Bend, WI 53095 • Phone 262-334-5899 • Fax 262-334-5872

OFFICE USE ONLY
