

# Business Credit Application

## Company Information

Company Name: \_\_\_\_\_

Line of Business: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Type of Ownership (check one)

City, State, Zip: \_\_\_\_\_

S-Corp  C-Corp  LLC

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Partnership  Sole Proprietor

Website Address \_\_\_\_\_

Government  Non-profit

Federal ID Number: \_\_\_\_\_

Year Established: \_\_\_\_\_

WISCONSIN or ILLINOIS Tax Exempt?  Yes  No (If yes, please include exemption certificate with application.)

Are you a Distributor?  Yes  No If yes, resale number: \_\_\_\_\_

If yes, include copy of resale certificate with application.

Parent Company Names / Addresses (If different than above): \_\_\_\_\_

## Accounts Payable Contact Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Bank Reference

Bank Name: \_\_\_\_\_

Acct #: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## Trade References

Include a minimum of 3 trade references with your application on an attached sheet of paper.

Signed by: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

## Application Processing Information

To help us expedite your credit request, please ensure that you have completely filled out this form and attached a minimum of three trade references with your application. If there are any questions, please contact us at 920-662-9646

***Fax completed credit application to Martor USA at 920-662-9648***