



## Business Credit Application

Business Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Email \_\_\_\_\_

Type of Business: \_\_\_\_\_

Year Established \_\_\_\_\_ Federal ID# \_\_\_\_\_

Est. Monthly Volume (\$) \_\_\_\_\_ Credit Line Requested (\$) \_\_\_\_\_

Account Type:  Corporation  Partnership  Individual  Ownership  LLC

Tax Status:  Taxable  Tax Exempt (Please attach a copy of certificate)

Accounts Payable Contact:

Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

Monthly Statement:

Email or Fax \_\_\_\_\_

### Principles of Business

Principal 1 Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DOB \_\_\_\_\_ Social Security \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Principal 2 Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DOB \_\_\_\_\_ Social Security \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_



## Business Credit Application

### TRADE REFERENCES

List 3 trade references that have extended minimum of \$5000 credit to your firm for one year or longer.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DOB \_\_\_\_\_ Social Security \_\_\_\_\_

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

2. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DOB \_\_\_\_\_ Social Security \_\_\_\_\_

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

3. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DOB \_\_\_\_\_ Social Security \_\_\_\_\_

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

### BANK INFORMATION

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

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DOB \_\_\_\_\_ Social Security \_\_\_\_\_

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

Account Type:

Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

Loan Type:

Construction Account # \_\_\_\_\_ Open Line of Credit Account # \_\_\_\_\_

I authorize my financial institution to release credit information to Gene Wagner Plumbing Co., Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Email to: [Scott@genewagnerplumbing.com](mailto:Scott@genewagnerplumbing.com)

Or Mail to: Gene Wagner Plumbing Co., Inc.; 2017 S. 60<sup>th</sup> St.; Milwaukee, WI 53219



## Business Credit Application

### The undersigned HEREBY AGREES TO THE FOLLOWING:

1. All orders placed for special order materials (i.e., those materials not kept in stock) are final. Once a special order is placed, the undersigned agrees to accept materials and make full payment. Returns shall not be permitted on special order materials.
2. Undersigned will provide Gene A. Wagner Plumbing Co., Inc. with the name of the owner, property address for each job.
3. Undersigned understands that Gene A. Wagner Plumbing Co., Inc. will exercise all Wisconsin lien laws that apply to each job.
4. Undersigned agrees to pay Gene A. Wagner Plumbing Co., Inc. identifying each job with payment.
5. The undersigned understands that on the 25<sup>th</sup> of each month, a monthly statement will be sent, and full payment is due on the 6<sup>th</sup> of the following month.
6. Undersigned agrees to pay a 1- ½% per month finance charge to be computed on adjusted or ending balance. This is an annual rate of 18%.
7. Undersigned agrees to pay to the extent not prohibited by law, all costs, expenses, and attorney's fees at any time paid or incurred before or after judgment, which may arise in collection of this account.
8. Undersigned agrees to provide to Gene A. Wagner Plumbing Co., Inc. with prompt notice of any change in Company name, address, ownership, or form of business entity.
9. In the event undersigned is a corporation, partnership, or any other legal entity, the individual or individuals whose signature appears hereon is an authorized signatory of that entity and is authorized to guarantee payment by that entity for all materials sold to that entity.
10. Undersigned warrants that the information given is true and no unfavorable information has been omitted. The undersigned understands this application may be revoked or rejected by Gene A. Wagner Plumbing Co., Inc. at any time.
11. Any check returned for non – sufficient funds will incur a \$35.00 charge.
12. The undersigned has read this Credit Application and has agreed to its terms.

### OFFICER(S)/PARTNER(S)/MEMBER(S) SIGNATURES:

Print \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Print \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATIONS THAT ARE INCOMPLETE OR WITHOUT SIGNATURE CANNOT BE PROCESSED.**

**Please Email to: [Scott@genewagnerplumbing.com](mailto:Scott@genewagnerplumbing.com)**

**Or Mail to: Gene Wagner Plumbing Co., Inc.; 2017 S. 60<sup>th</sup> St.; Milwaukee, WI 53219**