



**Madison Forms Corporation**

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McFarland, WI 53558  
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<b>*** APPLICATION FOR CREDIT ***</b>	
(Please Print or Type)	
<input type="checkbox"/>	COD REQUESTED
<input type="checkbox"/>	CREDIT LINE DESIRED: ( AMOUNT \$ _____ )
**** Please check one box above ****	

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Web-Site: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Type of Business:    Distributor     Association     Manufacturer     Retailer     Yrs. in Business: \_\_\_\_\_

Est. Annual Sales \$ \_\_\_\_\_    Number of Employees \_\_\_\_\_    Resale Cert.# \_\_\_\_\_

Ownership:    Proprietorship     Partnership     Corporation  \_\_\_\_\_ Federal Tax I.D. # \_\_\_\_\_  
(Branch )

<b>PRINCIPAL # 1</b>	<b>PRINCIPAL # 2</b>
Name: _____	Name: _____
Title: _____	Title: _____
SS#: _____	SS#: _____
Home Address: _____ _____	Home Address: _____ _____
Home Phone: _____	Home Phone: _____

A/P Manager / Controller: \_\_\_\_\_

Have you ever applied for credit from us under an existing or previous business name?    Yes     No

If yes: Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

**BILLING ADDRESS**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name (Please Print) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SHIPPING ADDRESS (IF DIFFERENT)**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TRADE REFERENCES – PLEASE PROVIDE 3**

① Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ High Credit: \$ \_\_\_\_\_ How Long Doing Business?: \_\_\_\_\_

② Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ High Credit: \$ \_\_\_\_\_ How Long Doing Business?: \_\_\_\_\_

③ Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ High Credit: \$ \_\_\_\_\_ How Long Doing Business?: \_\_\_\_\_

**BANKING INFORMATION**

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account #: \_\_\_\_\_ Savings  Checking  Account #: \_\_\_\_\_ Savings  Checking

**PERSONAL CREDIT CHECK/BANK REFERENCES**

Your signature here authorizes the above named bank to release financial information to [Madison Forms]. \_\_\_\_\_  
Signature of person authorizing \_\_\_\_\_ Date \_\_\_\_\_

**TERM OF SALES**

Conditions: Payment terms are Net 30 days upon credit approval. Additional terms of sale including terms of payment and allowable discounts for each purchase are agreed to below as well as those specified on the face of each invoice. Balances carried past the due date or over established credit line will cause new orders, services and shipments to withheld or held out of production. The customer hereby agrees to pay all reasonable collection and legal fees if such action be necessary, as well as 1.5% per month /18% per annum interest on any past due invoices (or maximum allowed by law), as well as any Non-sufficient fund charges as allowed by law in the event of a returned check. Property and products sold in association with extending credit to the applicant remains under the ownership of creditor until fully paid for. I have read these conditions and hereby agree to them.

\_\_\_\_\_  
Signature of Company Officer and Title \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL GUARANTEE**

In consideration of credit being extended by [Creditor Name] to the above named appreciate for merchandise to be purchased whether appreciate be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor(s) hereby contract and guarantee to [Creditor Name] the faithful payment, when due, of all accounts of said applicant for purchases made. Payment shall be personally guaranteed irrespective of status or change in existing business of which the undersigned is a principal (owner, partner or officer).

In addition to guaranteeing full payment, the undersigned agrees to reimburse [Creditor Name] for any and all expenses incurred in the collection of said indebtedness, including, but not limited to, legal fees, expenses and interest at the maximum legal rate permitted by state.

\_\_\_\_\_  
Signature 1 \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature 2 \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* Please attach Resale Sales Certificate, If applicable. Trade References may delay credit processing \*\*\*

\*\*\* Please refer to the Terms & Condition on our website: [www.madisonforms.com](http://www.madisonforms.com) \*\*\*