



W136 N4863 Campbell Drive Suite 6 • Menomonee Falls, WI 53051  
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### APPLICATION FOR CREDIT

All the information must be supplied and the application must be typed or printed and signed.

Name of Applicant: \_\_\_\_\_

Billing Address:

Shipping Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Website: \_\_\_\_\_ Sales Email address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Individual: \_\_\_ Corporation: \_\_\_ Partnership: \_\_\_ Name of Owner(s): \_\_\_\_\_

PO# Required?: \_\_\_ Allow Backorders? : \_\_\_

A/P Contact and Email: \_\_\_\_\_

#### TRADE REFERENCES

Three must be supplied. May not include Visa, AmEx, Master Card, Bank Credit card or any Department Store Card

Company Name:

Email Address:

Fax #:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank Reference:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ (SS # for individual)

If you are not to be charged sales tax, a copy of your tax exemption form must be attached to this credit application.

The information above is furnished for your consideration in the establishment of an account in the approximate amount of \$\_\_\_\_\_ per month. It is understood that your terms are net 30 days and we/I agree to pay our account within 30 days of the invoice date. You agree to pay any legal fees and expenses incurred to collect your account.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_