



SLATWALL PRODUCTS  
RETAIL • HOME • BEYOND

200 Balsam Rd., Sheboygan Falls, WI 53085 USA  
920-467-2402 • FAX 920-467-6114 • 800-548-7528

CREDIT APPLICATION

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

Must Be Completed

Credit Line Desired: \_\_\_\_\_

Type of Business: Sole Proprietor: Partnership: Corporation: Fed. ID or SS.No: \_\_\_\_\_

Company Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Name of Company's Principal Owner, Partner or Officers (Title): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Persons authorized to place orders: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Person to contact regarding credit matters: \_\_\_\_\_

Can Be Submitted On Separate Documents

Credit References:

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

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

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

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

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

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

Bank Reference:

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

Contact Person: \_\_\_\_\_ Address: \_\_\_\_\_

Chkg./Savings Account #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please Read Carefully and Don't Forget to Sign

By signing this credit application, you agree with the following:

- Our terms are Net 30 days with a 1½% fee per month after 30 days on the unpaid balance.  
Yes No
- You are financially solvent.  
Yes No
- You agree to tell us when you become unable to pay us on time.  
Yes No

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

*New customers agree to pay by cash in advance, MasterCard or Visa until we have approved their signed credit application.  
See back page for complete Terms and Conditions.*

For Office Use Only:

D & B Needed: Yes \_\_\_\_\_ No \_\_\_\_\_ Ordered By / Date \_\_\_\_\_ Referral Letters Sent \_\_\_\_\_

Credit Granted: Amount \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Terms \_\_\_\_\_