



**MADISON**

2201 Advance Road  
Madison, WI 53718  
Phone (608) 441-1950  
Fax (608) 441-1952

**GREENVILLE**

W6357 Design Drive  
Greenville, WI 54942  
Phone (920) 993-1089  
Fax (920) 993-9285

**WAUKESHA**

21675 Doral Road  
Waukesha, WI 53186  
Phone (262) 798-3978  
Fax (262) 798-4087

**APPLICATION FOR CREDIT**

DATE \_\_\_\_\_

CREDIT LIMIT REQUESTED \_\_\_\_\_

**\*REQUIRED INFORMATION TO PROCESS YOUR APPLICATION**

\*BUSINESS NAME \_\_\_\_\_

\*BILLING ADDRESS \_\_\_\_\_

\*SHIP-TO ADDRESS IF DIFFERENT FROM ABOVE \_\_\_\_\_

\*CITY / STATE / ZIP \_\_\_\_\_ \*COUNTY \_\_\_\_\_

\*PHONE \_\_\_\_\_ \*FAX \_\_\_\_\_

\*ARE PURCHASE ORDERS OR JOB NAMES REQUIRED? YES \_\_\_ NO \_\_\_

PERSONNEL AUTHORIZED TO PURCHASE \_\_\_\_\_

FEDERAL TAX ID # \_\_\_\_\_ SELLER'S PERMIT # \_\_\_\_\_

**TRADE REFERENCES – INQUIRIES CONDUCTED BY FAX OR EMAIL ONLY**

**PHONE NUMBERS WILL NOT BE ACCEPTED!**

1. NAME & ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

2. NAME & ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

3. NAME & ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

BANKING REFERENCE

NAME & ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ FAX \_\_\_\_\_

ACCOUNT # (Optional) \_\_\_\_\_

**Please initial the following, certifying that you have read, understand and will comply with our terms for extending credit:**

\_\_\_\_\_ The buyer(s) whose signature(s) appear(s) below agree(s) to pay for all purchases within terms of **NET 30 DAYS**. Terms are set from the date on the invoice.

\_\_\_\_\_ Should any collection action become necessary, the buyer(s) agree(s) that he/she/they will pay all costs and expenses of the collection action, in addition to all unpaid balances. Said costs are to include reasonable legal fees.

\_\_\_\_\_ The undersigned buyer(s), individually and as an owner/officer of the company, has/have read, understand(s) and agree(s) to all of the above, attested thereto by \_\_\_\_\_ the signature below.

\_\_\_\_\_ The information given on this application is warranted to be true. Authority is given by me/us to investigate references listed to obtain information regarding my/our credit and financial responsibilities.

**\*2 OF 3 REFERENCES MUST RESPOND FOR CREDIT APPLICATION TO BE PROCESSED. IT IS CUSTOMERS RESPONSIBILITY TO ENSURE REFERENCES RESPOND.**

PRINCIPAL OWNER/OFFICER (please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

PLEASE RETURN THIS APPLICATION via FAX, EMAIL or MAIL TO:

Advanced Fastening Supply, Inc.  
2201 Advance Road  
Madison, WI 53718-6761  
Phone: 608.441.1950 Fax: 608.441.1952  
Email: [cherrylb@advancedfastening.com](mailto:cherrylb@advancedfastening.com)

Thank you.