SELJAN COMPANY, INC.

P.O. Box 158
100 South CP Avenue
Lake Mills, WI 53551
(920) 648-3402 FAX (920) 648-3273

CONTACTS:

Scott Woerpel - President
Ken Bather - VP Plastics Division
Chris Meng - Inside Sales
Ellen Hensler - Accounting

CUSTOMER CREDIT APPLICATION

Legal Business Name:	**Business Phone:**
Street Address:	**Fax:**
Mailing Address:	**Year Business Organized:**
City:	**State Resale/Tax Exempt #:**
State/Zip:	**Today's Date:**

Purchasing Contact-email/phone:
Accounting Contact-email/phone:

*** IF YOUR BUSINESS IS LOCATED IN WISCONSIN YOU WILL NEED TO FILL OUT FORM S-211**

TYPE OF BUSINESS

☐ **Individual** ☐ **Partnership** ☐ **Corporation** ☐ **LLC** **Federal ID#**_____

INDIVIDUAL / PARTNERSHIP / OFFICERS

Name:	Name:	Name:
Title:	Title:	Title:
email	email	email

TRADE REFERENCES - Name of Major Suppliers

Name:	Name:	Name:
Address:	Address:	Address:
City/State/Zip:	City/State/Zip:	City/State/Zip:
Telephone:	Telephone:	Telephone:
email	email	email

***** Email addresses of your references will speed up the application process

BANK CREDIT REFERENCE

BANK:	**TELEPHONE:**
BRANCH ADDRESS:	
CHECKING ACCT#:	**SAVINGS ACCT#:**

Seljan Company is authorized to obtain financial information on the above references.

By:_____

(SIGNATURE) (TITLE) (DATE)

The undersigned Applicant represents and warrants that the information given on this credit application is given for the purpose of obtaining credit and is true and correct. The Applicants signaturee also attests financial responsibility, ability and willingness to pay all invoices in accordance with the "Terms and Conditions of Sales" as shown below. In the event of default in the payment of any amount due, all reasonable costs of collection, including agency, attorney's fees and court costs incurred and permitted by laws governing these transactions will be paid by the Applicant.

Firm Name:_____

By:_____

(SIGNATURE) (TITLE) (DATE)

F O R O F F I C E U S E O N L Y

Terms:_____

Credit Limit:_____

Corp. Approval:_____

(SIGNATURE)

Sales Representative: _____

Commission %: _____