



# CREDIT APPLICATION

allied insulation supply co inc

315 north 12th street

p o box 2122

milwaukee wisconsin 53201-2122

telephone: 414-347-1600

wats: 800-242-9970

fax: 414-347-0910

*Please print*

|                                   |  |
|-----------------------------------|--|
| COMPANY NAME<br>(Full Legal Name) |  |
|-----------------------------------|--|

### BILLING ADDRESS:

|                |  |       |  |         |
|----------------|--|-------|--|---------|
| STREET ADDRESS |  |       |  |         |
| PO BOX         |  |       |  |         |
| CITY           |  | STATE |  | ZIP + 4 |
| COUNTY         |  |       |  |         |

### SHIPPING ADDRESS: (if different from billing address)

|                |  |       |  |         |
|----------------|--|-------|--|---------|
| STREET ADDRESS |  |       |  |         |
| PO BOX         |  |       |  |         |
| CITY           |  | STATE |  | ZIP + 4 |
| COUNTY         |  |       |  |         |

|                 |  |       |  |
|-----------------|--|-------|--|
| TELEPHONE       |  | FAX   |  |
| COMPANY WEBSITE |  | EMAIL |  |

*If you are interested in having invoices emailed to you, please provide us with the following information:*

|                             |  |               |  |       |  |
|-----------------------------|--|---------------|--|-------|--|
| CONTACT'S FIRST & LAST NAME |  | CONTACT TITLE |  | EMAIL |  |
|-----------------------------|--|---------------|--|-------|--|

**HISTORY:**

|   |  |                             |    |
|---|--|-----------------------------|----|
| NUMBER OF YEARS IN BUSINESS                           |  | NUMBER OF YEARS AT ADDRESS  |    |
| DO YOU REQUIRE A PURCHASE ORDER NUMBER ON ALL ORDERS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |                             |    |
| HOURS THAT YOU RECEIVE DELIVERIES                     | AM   | TO:                         | PM |
| ESTIMATED ANNUAL PURCHASES                            | \$   |                             |    |
| TAX EXEMPT (STATE of WISCONSIN)?                      | <input type="checkbox"/> YES                             | <input type="checkbox"/> NO |    |
| TAX EXEMPT (STATE of IOWA)?                           | <input type="checkbox"/> YES                             | <input type="checkbox"/> NO |    |
| TAX EXEMPT (STATE of NEBRASKA)?                       | <input type="checkbox"/> YES                             | <input type="checkbox"/> NO |    |
| TAX EXEMPT (STATE of MINNESOTA)?                      | <input type="checkbox"/> YES                             | <input type="checkbox"/> NO |    |

If **YES**, please forward a **completed certificate** for **each** applicable **STATE**.

A **link** to sales tax exemption forms is available on our website. We must have a certificate on file to properly exempt your account.

|              |  |
|--------------|--|
| FEDERAL ID # | ____ - _____ (Required to establish account) |
|--------------|--|

**List below any additional information necessary for processing your purchase orders**

---



---



---

| <b>OWNERSHIP:</b>            | NAME (First & Last) | TITLE | DIRECT PHONE/EXT | CELL PHONE | EMAIL ADDRESS |
|------------------------------|---------------------|-------|------------------|------------|---------------|
| NAMES of PRINCIPAL(s)        |                     |       |                  |            |               |
|                              |                     |       |                  |            |               |
|                              |                     |       |                  |            |               |
| <b>CONTACTS:</b>             | NAME (First & Last) | TITLE | DIRECT PHONE/EXT | CELL PHONE | EMAIL ADDRESS |
| PURCHASING AGENT / BUYER:    |                     |       |                  |            |               |
| ACCOUNTS PAYABLE SUPERVISOR: |                     |       |                  |            |               |

CORPORATION     PARTNERSHIP     INDIVIDUAL     OTHER  \_\_\_\_\_

|   |                              |                             |
|---|------------------------------|-----------------------------|
| INCORPORATED WITHIN THE LAST 12 MONTHS? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

**FINANCE:**

|                                   |              |  |              |                               |                |  |
|-----------------------------------|--------------|--|--------------|-------------------------------|----------------|--|
| <b>BANK NAME</b>                  |              |  |              |                               |                |  |
| <b>STREET ADDRESS</b>             |              |  |              |                               |                |  |
| <b>PO BOX</b>                     |              |  |              |                               |                |  |
| <b>CITY</b>                       |              |  | <b>STATE</b> |                               | <b>ZIP + 4</b> |  |
| <b>BANK OFFICER or DEPARTMENT</b> |              |  |              |                               |                |  |
| <b>BANK CONTACT INFO</b>          | <b>PHONE</b> |  | <b>FAX</b>   |                               | <b>EMAIL</b>   |  |
| <b>CHECKING ACCOUNT NUMBER</b>    |              |  |              | <b>SAVINGS ACCOUNT NUMBER</b> |                |  |

**REFERENCES:** (*Minimum of three (3) TRADE References*)

|                       |  |                |  |                      |
|-----------------------|--|----------------|--|----------------------|
| <b>BUSINESS NAME</b>  |  | <b>CONTACT</b> |  | <b>EMAIL ADDRESS</b> |
| <b>STREET ADDRESS</b> |  | <b>PHONE</b>   |  |                      |
| <b>PO BOX</b>         |  | <b>FAX</b>     |  |                      |
| <b>CITY</b>           |  | <b>STATE</b>   |  | <b>ZIP + 4</b>       |
| <b>BUSINESS NAME</b>  |  | <b>CONTACT</b> |  | <b>EMAIL ADDRESS</b> |
| <b>STREET ADDRESS</b> |  | <b>PHONE</b>   |  |                      |
| <b>PO BOX</b>         |  | <b>FAX</b>     |  |                      |
| <b>CITY</b>           |  | <b>STATE</b>   |  | <b>ZIP + 4</b>       |
| <b>BUSINESS NAME</b>  |  | <b>CONTACT</b> |  | <b>EMAIL ADDRESS</b> |
| <b>STREET ADDRESS</b> |  | <b>PHONE</b>   |  |                      |
| <b>PO BOX</b>         |  | <b>FAX</b>     |  |                      |
| <b>CITY</b>           |  | <b>STATE</b>   |  | <b>ZIP + 4</b>       |

**Check here if cash sales are okay until credit is approved.**

*We certify that all the information on this form is correct, and that we fully understand Allied Insulation Supply's terms and agree to the prompt payment within those terms in consideration of extended credit.*

**SIGNATURE** \_\_\_\_\_

DATE \_\_\_\_\_

**TITLE** \_\_\_\_\_

\*Please return completed form in its entirety as soon as possible in the enclosed *Self-Addressed Stamped Envelope* or **FAX to 414-347-0910**. THANK YOU.

AIS INITIALS \_\_\_\_\_