

Credit Application



8001 Terrace Avenue
Middleton, Wisconsin 53562-3194
Telephone: 1-800-356-5844
Fax: 608-831-6330

General

Legal Name of Business: _____

DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Name: _____ E-mail: _____

Accounts Payable Contact Name: _____ AP Phone/
E-mail: _____

Date Established: _____ Years at Location: _____ Federal ID: _____

Business Type: Sole Proprietor _____ Partnership _____ Corporation _____

Ownership

Name(s): _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Bank Reference

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Contact Name: _____ Account Number: _____

Trade References

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____ **Fax:** _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____ **Fax:** _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____ **Fax:** _____

The Applicant warrants that the information and statements in this application are true and complete and are made for the purpose of establishing credit with Full Compass Systems and its affiliates. Full Compass Systems is hereby authorized to obtain any information necessary from any source concerning this application for credit. Applicant promises to pay for all purchases within the terms and conditions for sale presented upon the invoice. Applicant agrees that in the event of late payment, Applicant will pay all finance charges that may be assessed on past due invoices at the rate of 1.5% per month (18% per annum). Applicant further agrees that in the event that a past due amount is referred for collection, the undersigned will pay any and all costs of collection, including reasonable attorney fees. The undersigned warrants that s/he is an owner or officer and is thereby authorized to enter into this agreement on behalf of the Applicant organization.

Signed: _____ **Date:** _____
Print Name: _____ **Title:** _____