

# METALCRAFT INDUSTRIES, INC.

399 North Burr Oak · Oregon, WI 53575 · (608) 835-3232 · Fax: (608) 835-9180

## CREDIT APPLICATION

Date \_\_\_\_\_

Name of firm/facility \_\_\_\_\_

Type of Business  DME Dealer  Rehab Facility  Mfg/Rehab Seating  Private  Other \_\_\_\_\_

Shipping Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

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

Billing Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

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

Purchasing Agent \_\_\_\_\_

Rehab Seating Specialist \_\_\_\_\_

A/P Contact \_\_\_\_\_

Type of Ownership  Individual  Partnership  Corporation  Government  Other \_\_\_\_\_

Principal Owners \_\_\_\_\_

State Incorporated In \_\_\_\_\_ Year Incorporated \_\_\_\_\_ Year Established \_\_\_\_\_

### BANKS

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Checking Account # \_\_\_\_\_ Checking Account # \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Person \_\_\_\_\_

### BUSINESS REFERENCE WHERE CREDIT NOW EXTENDED (3 REQUIRED)

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Account # \_\_\_\_\_ Account # \_\_\_\_\_

3. Name \_\_\_\_\_ 4. Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Account # \_\_\_\_\_ Account # \_\_\_\_\_

The undersigned give this information for the purpose of obtaining credit, and certify that it is true and complete and authorizes you to verify it, obtain information concerning our credit standing and to furnish the same to others.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_