

# JESKE HARDWARE DISTRIBUTORS

a division of The Jeske Company, Inc.

## **APPLICATION FOR CREDIT**

1800 W. CAPITOL DRIVE, APPLETON, WI 54914

P. O. BOX 1426, APPLETON, WI 54912

PHONE: 800-677-3383 FAX: 800-766-5422

www.jeskehardware.com

Jeske Account Manager

Customer Type

**Completed forms may be emailed to [billing@jeskehardware.com](mailto:billing@jeskehardware.com) or faxed to 800-766-5422.**

BILL TO: \_\_\_\_\_

SHIP TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DESIRED CREDIT LIMIT: \_\_\_\_\_

FED. TAX ID #: \_\_\_\_\_

\*RESALE TAX ID: \_\_\_\_\_

A/P CONTACT: \_\_\_\_\_

\*Please include a copy of your state resale tax ID certificate.

OWNER'S NAME (first, middle initial, last): \_\_\_\_\_

SEND INVOICES VIA (circle): E-MAIL MAIL \_\_\_\_\_

The above firm understands that the processing of this credit application constitutes an agreement by the above customer to Terms, conditions, and prices of Jeske Hardware Distributors. In the event this account has to be placed for collection, the customer will be responsible for collection charges and/or attorney fees.

COMPANY POLICY: When an account becomes 30 days past due, orders are placed on hold until the situation is resolved.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **REFERENCES**

1. BUSINESS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

2. BUSINESS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

3. BUSINESS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_