

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 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: _____