

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND SUBMIT WITH ALL NEW ACCOUNT REQUEST INFORMATION.

8306 West Parkland Court
Milwaukee, WI 53223
Phone 414-355-7747
Fax 414-355-7559

Account Name: _____

Is this the parent company? _____ Yes _____ No

Is this firm a division of another company? _____ Yes _____ No

If yes, who is the parent company and where are they located? _____

Controller and V.P of Finance: _____

Phone #: _____

Accounts Payable Supervisor: _____

Phone #: _____

Accounts Payable contact: _____

Phone #: _____

Purchasing Contact: _____

Phone #: _____

Should all orders be shipped complete? _____ Yes _____ No

Does this company pay on complete purchase orders only? _____ Yes _____ No

Does Felins receive P.O.'s before shipment? _____ Yes _____ No

Does this company debit for short shipments or returns? _____ Yes _____ No

If yes, explain: _____

Document flow within Corporation (Receiving Dept., A/P Dept., Returns Dept.): _____

Please state terms agreed upon: _____
(Deviation from Net 30 day terms requires Executive approval)

PAST DUE INVOICES SUBJECT TO 1.5% PER MONTH INTEREST

Application For Credit

Name of Firm: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

HEREBY applies for credit in accordance with the terms and conditions of FELINS USA, INC.

The following information must be provided. It will be held in strictest confidence.

OWNERSHIP					
Corporation	<input type="checkbox"/>	Check here if incorporated within last 12 months	<input type="checkbox"/>	Partnership	Years in Business _____
Name of Principals	Complete Address	Zip	Phone		
1. _____	_____	_____	_____		
2. _____	_____	_____	_____		
3. _____	_____	_____	_____		
4. _____	_____	_____	_____		

Bank Name: _____ Address: _____

Bank Officer or Department: _____ Phone: _____

TRADE REFERENCES				
Name of Business	Complete Address	Zip	Phone	Fax
1				
2				
3				
4				

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

We certify that all of the Information on this form is correct. We fully understand your credit terms (Net 30 Days) and agree to the proper payment in consideration of extended credit.

Signature Title Date

DO NOT WRITE BELOW THIS LINE

Reference Results: _____

Reference Checked By: _____ Approved Refused By: _____

Return completed application/forms to ATTN: Michael at 414-355-7559