

## Credit Data Form

8304 W. Parkland Court  
Milwaukee, WI 53223 USA  
(414) 355-7747  
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**PLEASE COMPLETE THIS FORM IN IT'S  
ENTIRETY AND SUBMIT WITH ALL NEW  
ACCOUNT REQUEST INFORMATION.**

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 INVOICE 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 INC.

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

## OWNERSHIP

Corporation \_\_\_ Incorporated within the last 12 months \_\_\_ 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
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

Reference Results \_\_\_\_\_

Reference Checked By \_\_\_\_\_

Approved

Refused

By \_\_\_\_\_