

Gift Pro, Inc.
2224 Pleasant View Road, Suite 8
Middleton, WI 53562
Ph: 608-831-5754; Fax: 608-831-2482
www.giftproinc.com

CREDIT APPLICATION

Date _____

COMPANY INFORMATION

FULL BUSINESS NAME: _____ DBA: _____

BILL TO ADDRESS: _____
(Street Address/PO Box) (City) (State) (Zip)

SHIP TO ADDRESS: _____
(Street Address) (City) (State) (Zip)

PHONE: () _____ FAX: () _____ E-MAIL: _____

YEARS IN BUSINESS: _____ FEDERAL ID#: _____ STATE ID#: _____

____ CORPORATION ____ PARTNERSHIP ____ SOLE PROPRIETOR

OWNER/OFFICER: _____

ADDRESS: _____
(City) (State) (Zip)

BANK REFERENCE

BANK NAME: _____ Acct #: _____

ADDRESS: _____
(Street Address/PO Box) (City) (State) (Zip)

CONTACT NAME: _____ PHONE: () _____ FAX: () _____

TRADE REFERENCES

COMPANY NAME: _____ Acct #: _____

ADDRESS: _____
(Street Address/PO Box) (City) (State) (Zip)

CONTACT NAME: _____ PHONE: () _____ FAX: () _____

COMPANY NAME: _____ Acct #: _____

ADDRESS: _____
(Street Address/PO Box) (City) (State) (Zip)

CONTACT NAME: _____ PHONE: () _____ FAX: () _____

COMPANY NAME: _____ Acct #: _____

ADDRESS: _____
(Street Address/PO Box) (City) (State) (Zip)

CONTACT NAME: _____ PHONE: () _____ FAX: () _____

I HEREBY GRANT PERMISSION FOR THE ABOVE LISTED REFERENCES TO RELEASE INFORMATION FOR THE PURPOSE OF OBTAINING CREDIT WITH GIFT PRO, INC.

(Signing Officer)

(Print Name)

(Date)

Applicant, if granted the privileges of an account, agrees to pay in full all invoices within terms. Gift Pro, Inc. reserves the right to assess a finance charge on any balance past due at a rate of 1 ½% per month or 18% per year. Applicant further agrees to reimburse Gift Pro, Inc. for actual and reasonable collection charges and legal fees incurred if the account becomes delinquent.