

# Cleaning Systems, Inc.

P.O. Box 5670 • De Pere, WI 54115-5670 • (920) 983-2197 • (800) 242-2215 • FAX (920) 983-4190

## Credit Application / Account Information

Company/Corporate Name \_\_\_\_\_  
Doing Business As \_\_\_\_\_  
Billing Address \_\_\_\_\_  
\_\_\_\_\_  
Shipping Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Credit Limit Requested \$ \_\_\_\_\_  
Purchase Orders Required? \_\_\_\_\_  
Accts Payable Contact \_\_\_\_\_  
Person(s) Authorized to Charge \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Business \_\_\_\_\_ Year Established \_\_\_\_\_  
Check one  Proprietorship  Partnership  Corporation  Other \_\_\_\_\_ State \_\_\_\_\_ Fed. ID # \_\_\_\_\_

If applicant is a corporation, please provide the following information:

Primary Officers: Name \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

If applicant is *not* a corporation, please provide the following information:

Owner's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Partner's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

### Bank Reference:

Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_  
Account Number(s) \_\_\_\_\_

**Trade References:** CREDIT APPROVAL IS CONTINGENT ON VENDOR'S RESPONSE TIME. Use current references who are *not* CSI's competitors.

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Should any account become past due Cleaning Systems, Inc. reserves the right to assess finance charges and/or place the account with a 3<sup>rd</sup> party to enforce collection of the amounts due by legal proceedings or otherwise, purchaser agrees, binds and obligates himself/herself to pay all finance charges, fees and all costs associated with said collection. The undersigned authorizes inquiry as to credit information. We further acknowledge that credit privileges, if granted, may be withdrawn at any time. Applicant's signature attests financial responsibility, ability and willingness to pay in accordance with our terms:

\_\_\_\_\_  
Type or Printed Name Title  
X \_\_\_\_\_  
Signature Date

### For CSI Use Only

Account # \_\_\_\_\_  
Credit Limit \$ \_\_\_\_\_  
Date Approved \_\_\_\_\_  
Approved by \_\_\_\_\_  
Letter 1 2 3 4  
Sent by and Date \_\_\_\_\_