



W3716 U.S. Hwy 10 Maiden Rock, WI 54750
 800-325-8456 www.wieserconcrete.com

APPLICANT INFORMATION

FULL LEGAL NAME OF BUSINESS (APPLICANT)		DBA NAME		NAME OF PARENT COMPANY	
ADDRESS			WEBSITE ADDRESS		TELEPHONE NUMBER
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE	FAX NUMBER	

TO SUPPORT THIS APPLICATION FOR CREDIT, PLEASE ATTACH LATEST FISCAL YEAR END FINANCIAL STATEMENT

ACCOUNTS PAYABLE CONTACT / PHONE & FAX NUMBER/EMAIL	ESTIMATED MONTHLY CREDIT REQUIREMENT \$	ESTIMATED VALUE OF FIRST ORDER \$
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CUSTOMER ASSUMES STATE TAX LIABILITY UNLESS APPLICATION IS ACCOMPANIED BY SIGNED SALES & USE TAX EXEMPTION CERTIFICATE FOR EACH STATE.

DATE OF ORGANIZATION	TAX STATUS <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt	FEDERAL TAX ID NUMBER	DUNS NUMBER	BUYING GROUP AFFILIATION
BUSINESS STRUCTURE <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____		TYPE OF BUSINESS <input type="checkbox"/> Commercial <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retailer <input type="checkbox"/> Owner/End User <input type="checkbox"/> Re-Manufacturer <input type="checkbox"/> Other _____		EFT Capable <input type="checkbox"/> Yes <input type="checkbox"/> No
If public, list trading symbol _____				

SECTION A

NAMES AND TITLES OF OFFICERS, PARTNERS OR OTHER

SECTION B: COMPLETE IF NOT A CORPORATION

SSN	RESIDENTIAL ADDRESS

BANK INFORMATION

BANK NAME		CONTACT	
ADDRESS		TELEPHONE NUMBER	FAX NUMBER
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE
TYPE OF BANK ACCOUNT	ACCOUNT NUMBER	LOAN NUMBER	<input type="checkbox"/> Revolver <input type="checkbox"/> Term <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured
BANK CONTACT		EMAIL	TELEPHONE NUMBER

TRADE REFERENCES

CONTACT NAME		TELEPHONE NUMBER	EMAIL
ADDRESS		CONTACTNAME	
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE
CONTACT NAME		TELEPHONE NUMBER	EMAIL
ADDRESS		CONTACT NAME	
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE
CONTACT NAME		TELEPHONE NUMBER	EMAIL
ADDRESS		CONTACT NAME	
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE

With my signature below, I authorize the above business references and bank to release our financial information to Wieser Concrete Products, Inc. The above information is given for the purpose of establishing an account and is a true statement. In consideration for the extension of credit, purchaser agrees to the terms of sale set forth on each invoice and/or contract. Purchaser agrees to pay a service charge on all outstanding balances at a monthly rate of 1 1/2%. In the event collection is needed, purchaser agrees to pay all collection costs

PRINTED NAME of AUTHORIZED SIGNER	DATE:	AUTHORIZED OFFICER'S SIGNATURE REQUIRED	TITLE
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