



Credit Application

Date: _____

Thank you for your interest in our company's products. We appreciate your interest and look forward to a long and prosperous business relationship. Please complete the credit application and return to the above address, attention Credit Department. You will be advised shortly of your credit status with our company. Thank you.

Your Company Name _____

Address _____

Contact Name _____ Phone Number _____

Fax Number _____

Check Business Structure: _____ Corporation _____ Partnership _____ Proprietorship _____ # yrs in Bus. D&B# _____

Billing Options until credit is approved:

AMOUNT OF CREDIT REQUESTED: _____

_____ Check here if credit card sales are okay – Credit Card to be kept on file and pre authorized prior to shipment

Address you receive your Credit Card bill at _____

Card Holder Name _____ Company Name Listed on card (circle one) Y or N

Visa, MasterCard, American Express (circle one) _____ CSC Code _____

Authorization Signature: _____ Expiration Date: _____

Names and titles of principal officers, partners, or individual proprietor:

Name: _____ Title: _____ SS#: _____

Home Address: _____

CREDIT CANNOT BE APPROVED WITHOUT PRINCIPAL NAME, HOME ADDRESS, AND SOCIAL SECURITY NUMBER

Federal ID Number: _____

Bank References:

Bank Name _____ Contact: _____

Phone Number _____ Account # _____

Bank Name _____

Phone Number _____ Account # _____

Credit References:

Company Name _____ Phone Number _____

City _____ State: _____ Email _____

Company Name _____ Phone Number _____

City _____ State: _____ Email _____

Company Name _____ Phone Number _____

City _____ State: _____ Email _____

Credit Agreement:

All credit sales are due and payable as stated on our invoice. All accounts not paid in compliance with the invoice shall be past due and shall incur a late fee of 18% per annum or the maximum allowed by law. All late charges will be strictly enforced. In addition to all other sums owing, the undersigned agrees to pay Stratis Ind., on demand, all costs and expenses (including reasonable attorney's fees and other legal expenses) which may be incurred in the enforcement of any liability owing Stratis Ind. The undersigned certifies that all information on this form is correct.

If your firm is tax exempt, please provide us with the appropriate tax exemption certificate(s).

Authorization Form

We have recently applied for credit with Stratis Industries. We have been requested to provide information for their use in reviewing credit worthiness. Therefore, I authorize the investigation of my firm, _____ And it's related credit information.

The release in any manner of all information by you is authorized whether such information is of record or not. I do hereby release all persons, agencies, firms, companies, etc. from any damages resulting from providing such information.

Thank you for your cooperation.

Signature _____ Date _____

Title: _____

321 East 1st Street Centuria, WI 54824 ~ Phone: 1-800-969-9708 ~ Fax: 1-715-598-9022

www.stratisindustries.com ~ custcare@stratisindustries.com