

pewag



Pewag Chain Inc. USA
600 W. Crossroads Parkway
Bolingbrook, IL 60440
Phone (800) 526-3924
Fax (630) 759-0788

To: _____
Attn: Credit Department

From: Judy Jorgensen

Fax: _____ **Date:** _____

Phone: _____ **Pages:** 4

Re: Credit Application **CC:** _____

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

•Comments:

Please fill out and sign the enclosed credit application by the *'s and return to our attention at 630/759-0788.

Please fill out the attached "Resale Certificate" or "Tax Exempt Certificate" depending if you are reselling the product you are purchasing from Pewag or not.

If you have any further questions, please feel free to contact me at 800/526-3924.

Thank you,



CREDIT APPLICATION

EASTERN DIVISION
600 W. Crossroads Pkwy
Bolingbrook, IL 60440
800/526-3924
630/759-0788 FAX

WESTERN DIVISION
3825 CINCINNATI AVE.
SUITE D
ROCKLIN, CA 95765
800/445-2895

BRANCH:
ADDRESS:
CITY:
STATE: ZIP CODE:
CHECKING ACCT. NO.:
SAVINGS ACCT. NO.
BANK CONTACT:
TEL NUMBER:

FIRM NAME:
BILLING ADDRESS:
SHIPPING ADDRESS:
CITY:
STATE: ZIP CODE:
TEL NUMBER:

ACCOUNTS PAYABLE

ADDRESS:
CITY:
STATE: ZIP CODE:
WHEN ESTABLISHED:
TYPE OF BUSINESS:
ARE YOU A:

- CORPORATION
PARTENERSHIP
SINGLE OWNER (PROPRIETORSHIP)

IF BILLING TAX EXEMPT, PLEASE GIVE CARD R/S NO.

1. IF CORPORTATION

NAME OF PARENT:
ADDRESS:
CITY:
STATE: ZIP CODE:

2. IF PARTNERSHIP, LIST NAMES AND ADDRESSES OF PARTNER

(FOR ADDITIONAL NAMES, USE REVERSE)

NAME:
RES. ADDRESS:
CITY:
STATE: ZIP CODE:

NAME:
RES. ADDRESS:
CITY:
STATE: ZIP CODE:

3. SINGLE OWNERSHIP

NAME:
CITY:
STATE: ZIP CODE:

PLEASE SIGN:
I HEREBY AUTHORIZE
TO RELEASE FINANCIAL INFORMATION
REGARDING MY ACCOUNT NUMBER:

TO PEWAG INC.; ALL INFORMATION IS IN
CONFIDENCE AND WITHOUT RECOURSE
TO YOU.

CUSTOMER SIGNATURE:
CUSTOMER SIGNATURE IS AGREEMENT TO TERMS
OF PEWAG INC. STANDARD FORM INVOICE, 1.5%
LATE CHARGE ON ACCOUNTS OVER TERM AND
REASONABLE ATTORNEY'S FEE AND/OR
COLLECTION FEES ON DELINQUENT ACCOUNT.

CUSTOMER SIGNATURE:

E-Mail Address:

Website:

PLEASE ATTACH TRADE REFERENCES

SALES REP:

RESALE CERTIFICATE

.....
(Name of Purchaser)

.....
(Address of Purchaser)

I HEREBY CERTIFY: That I hold valid seller's permit No. issued pursuant to the Sales and Use Tax Law; That I am engaged in the business of selling

.....
that the tangible personal property described herein which I shall purchase from:

PEWAG, INC.

.....
will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount. Description of property to be purchased:

.....
Date: 20
18

.....
(Signature of Purchaser or Authorized Agent)

.....
(Title)

EXEMPT CERTIFICATE

(Name of Purchaser)

(Address of Purchaser)

I HEREBY CERTIFY: that I hold valid exempt permit No. _____
issued pursuant to the Sales and Use Tax Law.

That the property described herein which I shall purchase from:
PEWAG INC.

Date: _____

(Signature of Purchaser or Authorized Agent)

(Title)



Required New Customer Information Sheet

Customer Name: _____

Customer Address: _____

City: _____ State: _____ Zip: _____

Customer Toll Free: _____ Customer Phone: _____

Customer Fax: _____

Company Website: _____

Type of Business: _____

Credit Limit Anticipated: _____

Discount Pricing Level: _____
Traction Inds. TPC
Please indicate all that apply.

Contract Pricing: Yes No
If Yes, please attach appropriate contract pricing information with Customer Credit Application along with this form

Main Contact: _____

Job Title at Company: _____

Contact Phone: _____ Ext: _____

Contact Fax: _____

Contact Email: _____

A/P Contact: _____

Contact Phone: _____ Ext: _____

Contact Fax: _____

Contact Email: _____