

West Bend Transit Commercial Credit Application

Applicant

Company: _____ Year Incorporated: _____
Address: _____ EIN: _____
City: _____ Check One
State _____ Zip Code _____ Corporation:
Credit Mgr. _____ LLC:
Phone _____ Sole Proprietor:

Primary Account

Contact:
Name: _____
Phone: _____
Cell: _____
Fax: _____
Email: _____

Secondary Account

Contact:
Name: _____
Phone: _____
Cell: _____
Fax: _____
Email: _____

Bank Reference:

Bank Name: _____ Account #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Title: _____ Phone: _____

Trade References: Company Name, Address, Contact & Title, Phone, Email

1 _____
2 _____
3 _____

Do you agree to our 15 day payment terms?

Yes _____ No _____

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true. I give West Bend Transit permission to contact the trade references and/or bank reference listed above for the purpose of establishing credit with West Bend Transit.

Signed: _____
Print: _____
Title: _____
Date: _____