



Wausau Coated Products, Inc.

**7801 Stewart Ave
Wausau WI 54401
Phone (715) 843 6384**

**PO Box 904
Wausau WI 54402-0904
Fax (715) 843 6383**

Request for Information / Credit Application

Date_____

Legal Name of Company_____DBA_____

Street Address_____

City_____State/Zip_____Country_____

Mailing Address (if different)_____

City_____State/Zip_____Country_____

Telephone_____Fax_____Website_____

Type of Business_____Years in Business_____

Sales tax exemption_____Federal ID#_____

If Tax exempt – tax exemption certificate for your state must be attached to this application.

Check one: _____Corporation _____Partnership _____Sole Proprietorship _____Individual

_____Government _____LLC _____LLP

Anticipated yearly volume \$ _____Initial order \$ _____

Accounts Payable Contact

Name _____E-mail Address _____

Phone _____Best time to reach _____

Bank Name _____

Name as it would appear on ACH Payment _____



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Credit and Trade References:

Trade Reference Name _____ Years associated _____

Street Address _____ City _____ State/Zip _____

Contact Person _____ Email Address _____

Trade Reference Name _____ Years associated _____

Street Address _____ City _____ State/Zip _____

Contact Person _____ Email Address _____

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The information contained in this application is provided for the purpose of obtaining or maintaining credit. The undersigned acknowledges that the information provided will be used to **grant or continue** credit with Wausau Coated Products Inc. The undersigned warrants and represents the information provided is true and complete and may be considered as continuing to be true and correct until written notice of change is given. Wausau Coated Products Inc. is authorized to make all inquiries deemed necessary, including but not limited to; reviewing consumer credit reports of the company and trade references to verify credit worthiness. Wausau Coated Products Inc. may change or terminate the conditions of credit at any time.

The undersigned agrees that any dispute arising out of this agreement for goods and merchandise ordered or delivered will be governed and settled under applicable principles of Wisconsin law, under jurisdiction of Wisconsin courts and that the venue in any such action be in the County of Marathon. This applicant agrees to pay all collection costs, including attorney fees.

I agree to all the conditions as explained above and authorize the release of information from business references identified on this application. It is understood that all the information will be held in strict confidence.

Signature of Officer _____ Title _____

Please Print Name _____ Date _____