



P.O. BOX 159 Loyal, WI 54446 PHONE: 715-255-8507 FAX: 715-255-9595

### CREDIT APPLICATION

Name of Customer (as appears on State ID): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: (\_\_\_\_)\_\_\_\_\_ Do you prefer statements to be: Mailed: Y or N Emailed: Y or N

Email: \_\_\_\_\_

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*Principal Owners or Officers:*

Name	Address	Phone #

Person responsible for paying bills: \_\_\_\_\_

Type of Business: \_\_\_\_\_Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor

How many years in Business \_\_\_\_\_?

Is Customer Sales Tax Exempt? \_\_\_\_\_ (If so, please include sales tax exemption form)

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Officer Handling Account: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Credit References: (Excluding Banks) Three references required.

Name	Address	City, State, Zip	Phone #



I agree that the following terms will govern any purchases made or authorized by me which are charged to this account:

1. I will pay the cash price (including taxes) of goods charged to this account, together with applicable FINANCE CHARGES.
2. Statement of Credit Policy: All monthly charges are due and payable upon receipt of the monthly statement. Any charges not paid in full within 30 days following the month of purchase will be subject to a Finance Charge of 1 ½ % per month (18% Annual Percentage Rate) on the unpaid balance. Finance Charges will not be assessed on unpaid Finance Charges.
3. Patrons with charges not paid the following month will incur a finance charge and be considered delinquent. Delinquent accounts are not eligible for any cash discounts which may be in effect.
4. Application of Payments: Each payment shall be applied first to unpaid finance charges; then, as to merchandise and services purchased on different dates, the first purchased shall be deemed first paid; as to merchandise and services purchased on the same date, the lowest priced shall be deemed first paid.
5. Security Interest: To secure full payment and performance of all my obligations and my entire indebtedness under this account, I hereby grant to Northside Elevator, Inc. a security interest under the Uniform Commercial Code in and to all merchandise purchased with this account.
6. **Suspension or Termination: I understand that my rights to charge on this account may be suspended by Northside Elevator, Inc. whenever I have any amount of my account outstanding more than 30 days or in the event of a default as specified in number 3 above. I understand Northside Elevator, Inc. may terminate this charge account at any time upon written notice and in accordance with applicable law.**
7. **I understand that if in the discretion of Northside Elevator, Inc. some formal collection measures are deemed necessary to collect my indebtedness to Northside Elevator, Inc, I agree to pay all costs of collection before and after judgment, including, to the extent not prohibited by law, reasonable attorney's fees.**

By signing this agreement, I authorize Northside Elevator, Inc. to contact the above financial institutions and credit references, and I authorize the financial institutions and credit references listed to provide all available credit and financial information including my income statement and balance sheet to Northside Elevator, Inc.

Applicant (PRINT)	Date	Co-Applicant (PRINT)	Date
Applicant (SIGNATURE)		Co-Applicant (SIGNATURE)	
Co-Applicant (PRINT)	Date	Co-Applicant (PRINT)	Date
Co-Applicant (SIGNATURE)		Co-Applicant (SIGNATURE)	

**GUARANTEE**

IF THIS APPLICATION IS FOR CREDIT TO A CORPORATION OR OTHER ORGANIZATION, I GUARANTEE AND AGREE, AS PROVIDED BY LAW, TO BE PERSONALLY RESPONSIBLE FOR PAYMENT OF ALL OBLIGATIONS INCURRED AND UNPAID BY SUCH ORGANIZATION. THIS IS A GUARANTEE OF PAYMENT AND NOT MERELY PERFORMANCE. I WAIVE NOTICE, PRESENTMENT AND/OR DEMAND FOR PAYMENT. THIS IS AN UNCONDITIONAL GUARANTEE.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_(SIGNED)