

NORTH LAKES DISTRIBUTING, INC.
CREDIT APPLICATION
FAX TO 920-528-7272 – ATTENTION

COMPANY NAME: _____ YEARS IN BUSINESS: _____

ADDRESS: _____ CITY: _____ ST: WI _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

OFFICERS NAME: _____ TITLE: _____

OFFICERS NAME: _____ TITLE: _____

TYPE OF INDUSTRY _____ ANNUAL SALES _____ CREDIT LIMIT REQUESTED _____

CIRCLE ONE: CORPORATION LLC SOLE PROPRIETORSHIP LLC OTHER _____

STATE OF INCORPORATION/LLC: _____ FEDERAL ID _____

BILL TO ADDRESS:

COMPANY NAME: _____ AP PHONE #: _____

ADDRESS / PO BOX: _____ FAX #: _____

CITY: _____ STATE: WI _____ ZIP: _____ CONTACT: _____

SHIP TO ADDRESS:

COMPANY NAME: _____ CONTACT FOR DRIVER _____

PHONE #: _____ FAX #: _____ HOURS _____

DOCK INFORMATION _____

ADDRESS : _____

CITY: _____ STATE: WI _____ ZIP: _____

OWNERSHIP INFORMATION:

ARE YOU A PUBLICALLY TRADED COMPANY? _____

EXCHANGE _____ SYMBOL _____

PRIVATE COMPANIES

PLEASE PROVIDE UP TO 3 OWNERS AND PERCENTAGE OF OWNERSHIP

NAME: _____ PERCENTAGE OF OWNERSHIP _____

PHONE #: _____

ADDRESS: _____ FAX #: _____

CITY: _____ STATE: WI ___ ZIP: _____ SSN _____

NAME: _____ PERCENTAGE OF OWNERSHIP _____

PHONE #: _____

ADDRESS: _____ FAX #: _____

CITY: _____ STATE: WI ___ ZIP: _____ SSN _____

NAME: _____ PERCENTAGE OF OWNERSHIP _____

PHONE #: _____

ADDRESS: _____ FAX #: _____

CITY: _____ STATE: WI ___ ZIP: _____ SSN _____

CREDIT REFERENCES *REQUIRED FIELDS

*REFERENCE NAME: _____ *PHONE: _____

*ADDRESS: _____ *FAX: _____

*REFERENCE NAME: _____ *PHONE: _____

*ADDRESS: _____ *FAX: _____

REFERENCE NAME: _____ PHONE: _____

ADDRESS _____ FAX: _____

REFERENCE NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

*BANK NAME: _____ *PHONE: _____

*ADDRESS: _____ *FAX: _____

SIGNATURE: _____ DATE: _____