



EST. 1888 • OSHKOSH, WISCONSIN

Application for Open Account

Date: _____ Castle Pierce Salesperson _____

Credit limit requested: \$ _____ Expected Annual Purchase Volume: \$ _____

An open account is offered to credit worthy customers as a convenience in paying for their purchases. It is not intended to be an extension of credit for longer periods.

Business Name:	Phone:	Fax:
Billing Address:	Product Ship to Address:	
City/State/Zip	City/State/Zip	
County	County	
Accounts Payable Contact Information:		
Name:	Email:	
Fax:	Phone / Extension:	
Contact Information for person responsible for authorizing payments:		
Name:	Title:	
Phone / Extension:	Email:	

Do you have multiple ship to addresses? Yes No (If yes, please provide separate listing)
 Do you require purchase orders? Yes No
 Do you accept invoices via e-mail? Yes No E-mail address _____
 Is payment by EFT / ACH available? Yes No

Are your purchases taxable? Yes No Will advise for each purchase
Note: Sales tax will be charged unless we have your exemption certificate on file (please provide Sales Tax Exemption at time of application if all purchases will be exempt)

Type of business: _____
 Structure: Corporation Partnership Sole Proprietor Other _____
 Federal Tax ID No. _____ State of Organization _____
 Years in business: _____
 Website: _____

Please list principal owners and/or officers (attach additional sheet if necessary)

Name	Title	% of Ownership	SSN (If Partnership or Sole Proprietor)

Trade References

Company	Contact
Street	Phone
City/State/Zip	Fax
Account# (if applicable)	E-mail address
Company	Contact
Street	Phone
City/State/Zip	Fax
Account# (if applicable)	E-mail address
Company	Contact
Street	Phone
City/State/Zip	Fax
Account# (if applicable)	E-mail address

Bank Information

Bank	Contact	Acct No
Street	Phone	Fax
City/State/Zip		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Line of Credit		

Terms and Conditions

PAYMENT TERMS: All invoices are to be paid in full by the due date stated on the invoice. Payments not made in accordance with our terms may result in cancellation of your credit privileges and refusal to ship orders on a credit basis.

SERVICE CHARGES: As a condition of the sales agreement, a monthly service charge of 1.5% will be added to all accounts not paid within 30 days of the due date.

ADDITIONAL CHARGES: In the event that legal action is required to collect money due for goods and services, purchaser is responsible for and shall pay all collection costs, agency fees, reasonable attorney's fees and court costs incurred by seller. Interest will be charged on all unpaid, past due amounts owed creditor at a rate 1.5% per month or the maximum allowed by law within each state.

The above information is provided for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize CastlePierce Corporation to investigate the references listed pertaining to my/our credit and financial responsibility. In addition, the undersigned individual who is either a principal of the credit applicant or owner of the credit applicant (business), recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned as may be needed, in the business credit evaluation process. Any signed document transmitted by facsimile machine (fax) shall be treated in all manner and respects as an original document and the signature of any Party upon a document transmitted by fax shall be considered an original signature.

I accept the terms and conditions described above (any modifications or strike outs are not valid):

Signature: _____ Date: _____

Print Name: _____ Title: _____