W&W DAIRY, LLC
2903 3rd Street -North
Monroe, WI 53566
Telephone: 608-325-4395
Fax: 608-325-4394
E-mail: orders@wwdairy.com

PLEASE PRINT CLEARLY

APPLICATION FOR CREDIT

COMPANY INFORMATION:

Legal Name of Business _____   Parent Company _____

Phone # _____   Fax # _____   Company Website address _____

Billing Address _____   Ship to Address _____

City, State, Zip _____   City, State, Zip _____

D&B Duns # _____   Tax ID _____   Number of Employees _____   Est Annual Sales _____

Email address for Invoicing: _____   Major Line of Business _____   Industry _____

Circle one: Sole Proprietorship   Corporation   Partnership   LLC   **Year this business Established** _____

Owners, Principals, and Officers

Name _____   Title _____   Name _____   Title _____

ACCOUNTS PAYABLE:

Contact Person _____   Phone _____   Fax # _____   **Email Address** _____

BANK INFORMATION:

Bank Name _____   Account Manager Name _____

Address _____   **Email** _____

Account # _____   Phone _____   Fax # _____

TRADE REFERENCES: At least o*ne reference from our industry please*

Vendor Name _____   A/P contact name _____   **Email** _____

Address _____   Phone _____   Fax # _____

Number of years done business with this company: _____

Vendor Name _____   A/P contact name _____   **Email** _____

Address _____   Phone _____   Fax # _____

Number of years done business with this company: _____

Vendor Name _____   A/P contact name _____   **Email** _____

Address _____   Phone _____   Fax # _____

Number of years done business with this company: _____

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize W&W DAIRY, INC. to investigate the references listed pertaining to my/our credit and financial responsibilty. It is agreed and understood that all necessary collection and legal expenses and interest at 1.5% per month may be charged to debtor in the event of default or failure to pay for goods sold and delivered. I/we further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms.

Authorized Signature _____   Date _____

Print Name _____   Title _____

Please complete fully - incomplete applications may be returned and cause a delay in processing.
Please include a completed TAX EXEMPTION CERTIFICATE for our files.

Thank you for your cooperation.

If you have your own credit sheet, please feel free to send that in, we will then only require a signature on our credit application.