



448 S. Main Street  
P.O. Box 930040  
Verona, WI 53593-0040  
Phone: 608/845-6411  
Credit Fax: 608/845-6418

# CUSTOMER PROFILE

Legal Name of Business: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Billing Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Are you exempt from state sales tax? \_\_\_\_\_ No \_\_\_\_\_ Yes (if yes, please attach exemption certificate)  
Tax will be charged until properly completed Exemption Certificate received.

Check Legal Status:  Corporation  Partnership  Proprietorship Date of Incorporation \_\_\_\_\_  
State of Incorporation or Registration: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Federal ID (if Corporation) or Social Security Number: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
OFFICERS, PARTNERS, OR OWNERS:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email for Acknowledgments: \_\_\_\_\_ Email for Invoices: \_\_\_\_\_  
Name and Email Address of AP Contact: \_\_\_\_\_

**BUSINESS REFERENCES/CURRENT SUPPLIERS:**

| Name | Address | Phone # | Email Address |
|------|---------|---------|---------------|
|      |         |         |               |
|      |         |         |               |
|      |         |         |               |
|      |         |         |               |
|      |         |         |               |

**BANK REFERENCES:**

| Name | Address | Phone # | Email Address |
|------|---------|---------|---------------|
|      |         |         |               |
|      |         |         |               |
|      |         |         |               |

**AGREEMENT**

Applicant agrees that extension of credit by seller shall be subject to and in consideration of the following:

1. Terms of payment are Net 30 with Freight prepaid FOB factory, unless otherwise specified. All amounts payable on, or before the due dates as shown on each invoice will be paid, and if not paid on, or before said date, are then delinquent.
2. Past due balances are subject to a service charge of 1-1/2% per month on unpaid balance.
3. Should it become necessary to assign the account balance to licensed collection agency or attorney for legal action, all the subsequent collection charges and all legal fees and costs shall be paid by the applicant.
4. No item will be accepted for return without prior approval, and all returns are subject to restocking charge.
5. The undersigned certifies that all of the information contained in this document is true and correct, and authorizes and instructs the above mentioned banks and suppliers to release the information requested by Carnes Company. All information given will be kept in strict confidence.

Signature: \_\_\_\_\_

Typed Name & Title: \_\_\_\_\_

Date: \_\_\_\_\_

**GUARANTY**

The undersigned, hereby understands and agrees to the conditions listed in the agreement and requests Carnes Company to extend credit to the customer and will personally guaranty payment until such time as written revocation is received and approved by Carnes Company.

Signature: \_\_\_\_\_

**TYPED OR PRINTED NAME:**

\_\_\_\_\_

Date: \_\_\_\_\_