



1111 Stewart Street, Madison, WI. 53713
 Phone (608)277-9111
New Account/Credit Application

CUSTOMER ACCOUNT INFORMATION

This New Account/Credit Application covers all Company Owned Locations
IMPORTANT: If this application is for an additional location under the same Corporation for which a charge account exists, complete only the General Information, Headquarters address and Signature Sections.

Customer Number

Please PRINT * Indicates required fields **GENERAL INFORMATION**

*Corporate Name (Legal Name)		Trade Name (DBA Name)	
*State of Incorporation	Federal ID Number	*Contact e-mail	

HEADQUARTERS ADDRESS (BILL TO) ACCOUNTS PAYABLE INFORMATION

*Name	*Manager of A/P	Phone Number
*Address	e-mail address	Fax Number
*City, State, Zip Code	Other A/P Contact	
*Main Phone Number	e-mail address	

SHIP TO ADDRESS IF DIFFERENT THAN HQ ADDRESS

Name	Address Line 1
Address Line 2	City, State, Zip Code

BUSINESS INFORMATION

*Type of Business Ownership	*Line of Business
*Month/Year Business Was Established	*Estimated Monthly Promotional Product Purchases
Sellers Permit Number (Attach Sales and Use Tax Exemption Certificate)	Tax Exempt Number (Attach ES Form)

COMPLETE THE FOLLOWING FOR COMPANY PRINCIPALS

*President/Owner	Vice President
Chief Financial Officer	Other Officer

BANK and TRADE REFERENCE INFORMATION

*Bank Name/Contact	*Account Number		Fax Number	
Bank Address	City	State	*Phone Number	
Trade Reference Name	Account Number	City	State	Phone Number
Trade Reference Name	Account Number	City	State	Phone Number
Trade Reference Name	Account Number	City	State	Phone Number
Trade Reference Name	Account Number	City	State	Phone Number
Trade Reference Name	Account Number	City	State	Phone Number

The applicant and undersigned agree that in consideration for establishing an account, all charges will be paid in full within the terms of sale on individual invoices. In addition, if the account becomes delinquent, the applicant agrees to pay a service charge on the unpaid balance equal to the lesser of 1.5% per month or the maximum rate allowed under applicable law. If the account must be referred to a collection agency, attorney or any third party, the applicant and the undersigned agree to pay all costs and expenses incurred (including reasonable attorney fees). Post-audit claims for more than six (6) months prior will not be accepted, and must be repaid.

The above information is relied upon by Madison Top Company Credit Department for the purpose of obtaining credit and warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. Be assured that Madison Top Company will treat all information you provide in a confidential manner and will use it only for the purpose of evaluating your request for credit.

Company Name _____ Name of Authorized Signor: _____

Authorized Signature _____ Title _____ Date _____