

WIL-LOC, INC.  
2150 106<sup>TH</sup> LANE NE  
BLAINE, MINNESOTA 55449-5204

763-717-0535

800-801-0123

763-717-0094 FAX

Thank you for your expressed interest in our products. Please assist us in opening your account by providing us the information requested. We assure you that any information you provide will be held in strict confidence.

**CONFIDENTIAL CREDIT  
APPLICATION**

LEGAL NAME OF CUSTOMER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE & ZIP \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE & ZIP \_\_\_\_\_

PREVIOUS ADDRESS IF COMPANY HAS MOVED WITHIN THE LAST 5 YEARS \_\_\_\_\_

PHONE NO. ( ) \_\_\_\_\_ FAX NO. ( ) \_\_\_\_\_

HOW LONG IN BUSINESS \_\_\_\_\_ TYPE OF BUSINESS-DESCRIBE \_\_\_\_\_

TYPE OF ENTITY ( ) SOLE PROPRIETOR ( ) PARTNERSHIP ( ) CORPPORATION ( ) OTHER \_\_\_\_\_

INCORPORATED? ( ) YES ( ) NO STATE OF INCORPORATION \_\_\_\_\_ YEAR OF INCORPORATION \_\_\_\_\_

FED. I.D. # \_\_\_\_\_ D-U-N-S # \_\_\_\_\_

NAME AND TITLE OF OWNER(S) OR AUTHORIZED OFFICER(S) OF CORPORATION. (PROVIDE HOME ADDRESS, ZIP CODE, AND SOCIAL SECURITY # FOR PROPRIETORSHIP OR PARTNERSHIP)

\_\_\_\_\_

**BANKING REFERENCE**

BANK NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ NAME OF OFFICER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**SUPPLIER REFERENCES**

PLEASE PROVIDE THREE TRADE SUPPLIER REFERENCES YOU HAVE DONE BUSINESS WITH IN THE LAST 6 MONTHS

	NAME OF COMPANY	ADDRESS	STATE	PHONE/FAX #'S
1.	_____	_____	_____	( ) _____ ( ) _____
2.	_____	_____	_____	( ) _____ ( ) _____
3.	_____	_____	_____	( ) _____ ( ) _____

**TERMS OF AGREEMENT**

IN CONSIDERATION OF OPENING A LINE OF CREDIT WITH WIL-LOC, INC., IT IS AGREED THAT WE WILL PAY ALL SUMS WHEN DUE AND ACCORDING TO THE TERMS STATED ON WIL-LOC'S INVOICE. ACCOUNTS BEYOND 31 DAYS ARE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH.

STATEMENTS? ( ) YES ( ) NO

TAX EXEMPT? ( ) YES, # \_\_\_\_\_ (TAX WILL BE CHARGED UNTIL CERTIFICATE FURNISHED)

I AUTHORIZE YOU TO CONTACT REFERENCES AND TO OBTAIN INFORMATION FROM OUTSIDE SOURCES. SIGNATURE BELOW VERIFIES ALL INFORMATION TO BE CORRECT AND INDICATES AGREEMENT WITH TERMS SET FORTH ABOVE.

DATE \_\_\_\_\_ SIGNATURE OF PRINCIPAL OR OWNER \_\_\_\_\_ TITLE \_\_\_\_\_  
PRINT NAME \_\_\_\_\_

