



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: _____
 Name: _____ Title: _____
 Person responsible for payment: _____

BUSINESS REFERENCES/CURRENT SUPPLIERS:

Name	Address	Phone #	Fax #
1. _____	_____	(_____) _____ - _____ (_____) _____ - _____	_____ - _____
2. _____	_____	(_____) _____ - _____ (_____) _____ - _____	_____ - _____
3. _____	_____	(_____) _____ - _____ (_____) _____ - _____	_____ - _____
4. _____	_____	(_____) _____ - _____ (_____) _____ - _____	_____ - _____
5. _____	_____	(_____) _____ - _____ (_____) _____ - _____	_____ - _____

BANK REFERENCES:

Name	Address	Phone #	Fax #
1. _____	_____	(_____) _____ - _____ (_____) _____ - _____	_____ - _____
2. _____	_____	(_____) _____ - _____ (_____) _____ - _____	_____ - _____
3. _____	_____	(_____) _____ - _____ (_____) _____ - _____	_____ - _____

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 legal fees 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: _____