



400 East 2nd Street | Boyertown, PA 19512
 Phone (610) 369-0600 | Fax (610) 369-0840
 Toll free (866) 222-2375
www.berkwiper.com

CUSTOMER CREDIT APPLICATION

Please complete the following application in its entirety to establish credit with Berk Wiper International, LLC. Upon receipt we will immediately begin our credit application process. We will notify you when credit is approved and inform you of your credit limit and payment terms. Please note that we will not begin processing orders until credit is approved. **Completed forms should be returned to:**

Berk Wiper International, LLC, Attention: Credit Department
 Fax: (610) 369-0840 Email: AR@berkwiper.net

Company Name:	_____	Phone:	_____
Billing Address:	_____	Fax:	_____
	_____	Website:	_____
City:	_____	Federal ID #:	_____
State:	_____ Zip: _____	*All PA Customers must provide an Exemption Certificate	
Credit Limit Requested:	_____	Resale #:	_____
		Dunn & Bradstreet #:	_____
Purchasing Contact:	_____	Accounts Payable Contact:	_____
Purchasing Phone:	_____	AP Phone:	_____
Purchasing Fax:	_____	AP Fax:	_____
Purchasing Email:	_____	AP Email:	_____
Receiving Contact:	_____	Dock Hours:	_____
Receiving Phone:	_____	Delivery Appointment Required:	Yes / No
Receiving Fax:	_____	Lift gate Needed:	Yes / No
Receiving Email:	_____	Buying Group:	_____

**** ONCE PAYMENT HISTORY IS ESTABLISHED WE RESERVE THE RIGHT TO EVALUATE YOUR CREDIT LIMIT AND TERMS.**
****Accounts over the approved credit limit and/or accounts with overdue invoices are subject to credit hold.**

Person Completing Application:	_____	Position:	_____
Signature:	_____	Date:	_____
Berk Wiper Salesperson:	_____	Signature:	_____

TRADE REFERENCES

Reference #1: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____
Contact: _____
Items Purchased: _____

Reference #2: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____
Contact: _____
Items Purchased: _____

Reference #3: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____
Contact: _____
Items Purchased: _____

Reference #4: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____
Contact: _____
Items Purchased: _____

BANK REFERENCE

Bank Name: _____
City, State: _____
Contact: _____
Phone: _____
Fax: _____
Email: _____

Dear Bank Officer,

We are authorizing the bank to release information about our accounts outstanding, credit line, and payments history to Berk Wiper International, LLC, to be used explicitly for the establishment of an open account. This information is to be kept in the strictest of confidence.

Account Name: _____
Account Number: _____
Print Name: _____
Title: _____
Signature: _____

Dear Sir/Madam,

The above customer is applying for credit with us and has given your bank as a reference. We would appreciate if you would provide us with the information requested below. Should you have any questions, please call us at (610) 369-0600

Date Account Opened: _____	Avg. Daily Balance: _____
Line of Credit (if any): _____	Secured?: _____
Credit Limit: _____	Amount Now Owing: _____
Payment Habits: _____	NSF Checks: _____
Overall Credit Rating: _____	Comments: _____

We assure you that this information will be kept confidential. Your immediate reply is appreciated.

Completed forms should be returned via fax or email to:

Fax: (610) 369-0840 Email: AR@berkwiper.net

Attention: Credit Department

Thank you,

Berk Wiper International, LLC



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For sales assistance please contact your salesperson directly or for immediate assistance our

Sales Manager Eileen Hupp.

Phone: (610) 369-0600, ext. 31

Fax: (610) 369-0676

Email: ehupp@berkwiper.net

If you are checking the status of an order please contact Rachel Bruhn in **Customer Support**.

Phone: (610) 369-0600, ext. 28

Fax: (610) 369-0676

Email: rbruhn@berkwiper.net

All questions or concerns regarding payments and invoices should be directed to our **Accounts**

Receivable Department.

Phone: (610) 369-0600

Fax: (610) 369-0676

Email: ar@berkwiper.net

All orders should be directed to Alice Caudill in our **Order Entry Department**.

Phone: (610) 369-0600, ext. 29

Fax: (610) 369-0840

Email: orders@berkwiper.net

Payments should be mailed directly to:

Berk Wiper International, LLC
400 East 2nd Street
Boyertown, PA 19512

Please contact Accounts Receivable to pay with a credit card, wire transfer, or ACH Payment.

****A 3% service fee will be added to all credit card charges****