



## Confidential Credit Agreement

Corporate Office (Credit Dept.)  
W134 N5368 Campbell Dr. • Menomonee Falls, WI 53051  
Phone: (262) 781-1992 • Fax: (262) 783-3545

In consideration of opening a line of credit with Weimer Bearing & Transmission, it is agreed that our company will pay all sums when due and according to terms stated in our company policy which are **Net 30 days for all invoices**. No alterations will be accepted for payment unless approved in writing by Weimer Bearing & Transmission. Any balance past due, through no fault of Weimer Bearing & Transmission, is subject to a service charge of **1-1/2%** per month as stated on the invoice. In the event of non-payment, the undersigned company agrees to pay, in addition to the principal amount due, all service charges, collection costs, reasonable attorney and court costs and any other reasonable fees due to Weimer Bearing & Transmission. Applicant grants Weimer Bearing & Transmission the option to acquire a Security Interest in which this Credit Application or a copy hereof may be used as a Security Agreement. I hereby authorize you to contact references and obtain information from outside sources that may be needed to obtain an open line of credit with Weimer Bearing and Transmission.

Signature of Owner or Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_ Title: \_\_\_\_\_

### Company Information

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_

(if company has moved within the last 5 years)

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other: \_\_\_\_\_

If Incorporated: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Year of Incorporation: \_\_\_\_\_

Name of Owners or Authorized Officers of Corporation (Provide Home Address, Zip & Social Security Number for Proprietorship or Partnership): \_\_\_\_\_

### Accounting Information

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Name of Officer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Person Who Approves Bills for Payment: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ ext \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Person Who Issues Checks: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ ext \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Do you require Statements?: \_\_\_\_\_ Does not require \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other: \_\_\_\_\_

**\*\*Are your purchases exempt from Sales Tax?\*\*** \_\_\_\_\_ No \_\_\_\_\_ Yes  
(If yes, please provide your tax exempt certificate or tax will be charged.)

### Vendor Reference Information

(please attach your own reference sheet if available)

**\*\*Please supply a minimum of four unrelated Companies with a two year minimum history (Please No Steel or Transportation Companies)\*\***

	Company Name	Contact Name	Phone Number	Fax Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

### Other Information

Types of products you are planning to purchase from WBT: \_\_\_\_\_

Expected Annual Purchase Amount \$ \_\_\_\_\_ Current Supplier(s): \_\_\_\_\_

**\*Please note: This form must be signed at the top or credit will be denied\***