



# CONFIDENTIAL CUSTOMER PROFILE

S80 W18766 Apollo Drive  
PO Box 406 Muskego, WI 53150  
inprocorp.com  
(262) 679-9010

Thank you for your interest in InPro. Please complete the following information in full and fax to \_\_\_\_\_ at (262) 679-9127. This information and credit results will be held in strict confidence. If you need assistance, call our finance department at (800) 437-9294. InPro is a Wisconsin based manufacturing company and strictly a material supplier.

### BILLING ADDRESS

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_

SUBSIDIARY  BRANCH  DIVISION OF \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_ EXT. \_\_\_\_\_

FAX \_\_\_\_\_

### PHYSICAL ADDRESS

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_

### STANDARD PAYMENT TERMS ARE 2% 10 DAYS, NET 30 DAYS

YES, WE ARE TAX EXEMPT

ATTACHED IS OUR TAX EXEMPT CERTIFICATE

WE ACCEPT VISA - MASTERCARD - AMERICAN EXPRESS

INPRO WILL CHARGE TAX UNLESS A TAX EXEMPTION CERTIFICATE IS PROVIDED

### OWNERSHIP

CORPORATION  PARTNERSHIP  SOLE PROPRIETORSHIP

NUMBER OF YEARS IN BUSINESS \_\_\_\_\_

DUN & BRADSTREET # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME OF PRINCIPLE(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

### BANK REFERENCES

BANK \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

BUSINESS CHECKING ACCOUNT NUMBER \_\_\_\_\_

BANK \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

BUSINESS CHECKING ACCOUNT NUMBER \_\_\_\_\_

### TRADE REFERENCES

1. BUSINESS NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

CREDIT FAX NUMBER \_\_\_\_\_

2. BUSINESS NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

CREDIT FAX NUMBER \_\_\_\_\_

3. BUSINESS NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

CREDIT FAX NUMBER \_\_\_\_\_

4. BUSINESS NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

CREDIT FAX NUMBER \_\_\_\_\_

Your signature below authorizes InPro to investigate the references listed and attest company's financial responsibility, ability, and willingness to pay InPro's invoices in accordance with our credit terms. In the event the account is turned over to an attorney or collection agency, your company shall be responsible for all fees/costs incurred by InPro. If suit is brought on by same, attorney fees/court costs to be determined by the presiding judge.

AUTHORIZED SIGNATURE \_\_\_\_\_ (OFFICER OR OWNER)

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

### TO BE COMPLETED BY INPRO SALES DEPARTMENT:

CUSTOMER NO. \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ ORDER AMOUNT \$ \_\_\_\_\_