



**CREDIT APPLICATION**

Date \_\_\_\_\_

Mixer Systems, Inc.  
190 Simmons Avenue Pewaukee, WI 53072 Ph (262) 691-3100 Fx (262) 691-3184

Attn: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fx: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Kind of business: Sole Ownership Partnership Corporation

Years Established: \_\_\_\_\_ Name of Officers OR Owners \_\_\_\_\_

BANK NAME: \_\_\_\_\_ Ph. \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ BANK OFFICER \_\_\_\_\_

Names of Authorized Buyers on this Account: \_\_\_\_\_

Are Purchase Orders Required to charge on Account? \_\_\_\_\_ D&B# \_\_\_\_\_

Business References: *Please include FAX numbers if available, most companies will not give out credit references over the phone.*

1 \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices 30 days from date of invoice or according to terms stated on Purchase Agreement.

**FOR CREDIT DEPARTMENT USE ONLY**

Length of time sold: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

High Credit \_\_\_\_\_

Terms \_\_\_\_\_

Pays when due? \_\_\_\_\_

Credit Limit Authorized \$ \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

**CALIFORNIA, FLORIDA & OHIO COMPANIES PLEASE ENCLOSE TAX EXEMPTION CERTIFICATE IF APPLICABLE**