

DATE: \_\_\_\_\_

Wurz Sales Rep: \_\_\_\_\_

Trade Name of Business: \_\_\_\_\_

Office Location (please print)		Billing Address	
Address:		Street Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Telephone Number: (      )		Fax Number: (      )	

Form of Ownership (Check One): Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

**Please List Names & Titles of Officers**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

Corporate Federal I.D. # (if corporation): \_\_\_\_\_

Credit References		
1)	Business Name:	Contact:
	Street Address:	Phone:
	City:	Fax:
	State:                                  Zip:	
2)	Business Name:	Contact:
	Street Address:	Phone:
	City:	Fax:
	State:                                  Zip:	
3)	Business Name:	Contact:
	Street Address:	Phone:
	City:	Fax:
	State:                                  Zip:	

Tax Status: Are all purchases tax exempt? Yes\* (      )      No (      )      Varies per Job\*\* (      )

\*Please submit copy of tax-exempt form with credit application. \*\* Submit tax-exempt form at time of purchase for job.

Are products being purchased for resale? Yes (      )      No (      )

Bank Reference		Type of Account(s)
Bank Name:	Checking (    )    Savings (    )    Other (    )	
Street Address	Bank Office Contact:	
City:	Phone:	
State:                                  Zip:	Fax:	

Estimated Credit Requirements	
First Order: \$	Monthly Purchase: \$

Purchase Order Requirements	
Are purchase orders required?    Yes (    )    No (    )	

\*If YES, please list names of individuals authorized to order and pick-up materials.

1)	3)
2)	4)

Primary Type of Business (check one)		
(    ) Restoration	(    ) Construction	(    ) Masonry
(    ) Glass House	(    ) Resale	(    ) Other:

How did you hear abOut the Wurz Company? \_\_\_\_\_

### Please Complete the Following:

I \_\_\_\_\_ / We \_\_\_\_\_ agree that for and in consideration of the extension of credit herewith applied for, that any amounts not paid within thirty (30) days from date of invoice shall bear service charges at the rate of one and one half percent (1½%) per month, eighteen percent (18%) per annum. (Not to exceed the maximum legal limit in this state).

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person filling out credit application:

\_\_\_\_\_

Phone number: (    ) \_\_\_\_\_