

BEARINGS INCORPORATED

N96 W15508 COUNTY LINE ROAD
GERMANTOWN, WI 53022

Phone: (262) 253-6300

Fax: (262) 251-6229

CREDIT APPLICATION:

The following statement in writing is made for the purpose of obtaining merchandise on open account. We intend that you should rely on same as correct, realizing that no application is processed if incomplete, illegible, or without signature of an authorized individual.

Firm Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Year Established: _____

At present location since: _____

Type of Business: _____

Type of Ownership, Check one:

_____ Proprietorship _____ Partnership _____ Corporation under the state of _____

Owner, President, Partner Name: _____

V/P, Partner Name: _____

Treasurer, Partner Name: _____

_____ We are (**completed, legible tax certificate enclosed**) exempt from Wisconsin State and County Sales Tax

_____ We are **NOT** exempt from Wisconsin State and County Sales Tax, and must be charged applicable Sales Tax on all purchases.

Bank name: _____ Bank Exec: _____

Address: _____ C/S/Z: _____

Phone: (_____) _____

***** OVER *****

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Please completely furnish four (4) **TRADE** references:

1) Name: _____

Full Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Contact: _____

2) Name: _____

Full Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Contact: _____

3) Name: _____

Full Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Contact: _____

4) Name: _____

Full Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Contact: _____

Our firm is financially able to meet our commitments, and we will pay your invoices according to your terms of Net 30 Days. I/We agree that maximum legal interest will be charged on all past due balances, and I/We will pay all court costs, including reasonable attorney's fees, which may arise in connection with the collection of this account.

Signed: _____

Printed / Typed name: _____

Title: _____ Date: _____