

DAANEN & JANSSEN, INC.

P.O. Box 176

De Pere, WI 54115

920-336-4149

920-336-5989 (fax)

APPLICATION FOR CREDIT

Name: _____

Address: _____

City, State, Zip: _____

Years in business: _____

Phone: (____) _____ Fax (____) _____ Cell(____) _____

Ownership

President: _____ Phone: _____

Vice President: _____ Phone: _____

Secretary: _____ Phone: _____

Treasurer: _____ Phone: _____

Finance

Bank: _____

Loan Officer: _____ Phone: _____

References

Please list 4 trade references: ****FAX OR EMAIL- all items MUST BE FILLED IN****

1. Business Name: _____

Address: _____ Phone: _____

Fax or email: _____

2. Business Name: _____

Address: _____ Phone: _____

Fax or email: _____

3. Business Name: _____

Address: _____ Phone: _____

Fax or email: _____

4. Business Name: _____

Address: _____ Phone: _____

Fax or email: _____

Our Credit Manager is Brenda Peot. Her direct line is 920-964-0701/bmc@dnjinc.com

Our Credit terms are N30 days from the date of the invoice *Terms are subject to change

We charge finance charge in the amount of 1-1/2 % per month on balances past 30 days

I certify that all the information on this form is correct. I fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signed: _____ Date: _____

Title: _____