

CREDIT APPLICATION

THIS CREDIT APPLICATION IS BEING SUBMITTED BY:

A. Legal Name _____
Other Names Used _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Years in Business _____
Corporation _____ Partnership _____ Proprietorship _____
EIN Number (Employer Identification Number) _____
Website Address _____
E-mail Address of Purchasing Contact _____
Nature of your business _____

B. NAMES OF PRINCIPAL OFFICERS, PARTNERS, OR OWNERS:

Name _____ Title _____
Name _____ Title _____

PERSON TO CONTACT REGARDING FINANCIAL MATTERS:

Name _____ Title _____

C. HAVE WE EVER SOLD TO YOU BEFORE OR TO ANY PRESENT OR FORMER AFFILIATE? No _____ Yes _____

D. TRADE REFERENCES:

1. Name _____ Phone & Fax _____
Address _____
2. Name _____ Phone & Fax _____
Address _____
3. Name _____ Phone & Fax _____
Address _____

E. BANK REFERENCE:

1. Bank _____ Phone & Fax _____
Address _____
Account # _____ Loan Officer _____



F. WE ESTIMATE OUR ANNUAL PURCHASES AT
\$ _____ AND WE REQUEST A CREDIT LINE OF
\$ _____

G. PLEASE ATTACH SALES TAX EXEMPTION CERTIFICATE.

We are required to charge sales tax unless we receive an exemption certificate.

H. _____ CHECK HERE IF CASH SALES ARE OK UNTIL CREDIT IS APPROVED.

Please note our remit to address:

PO Box 07487
Milwaukee, WI 53221

The information in this application is for the purpose of obtaining credit references and is represented by the applicant to be true and complete. The applicant authorizes us to investigate all credit references and any other matters pertaining to its financial responsibility. The undersigned authorizes its bank(s) and trade creditors to submit complete information for the purpose of credit evaluation. The undersigned fully understands the credit terms of W.B. Bottle Supply Co., Inc. and agrees to pay before the due date according to the terms of sale stated on each invoice.

Company _____ Date _____
Signed By _____ Title _____

FOR OFFICE USE ONLY

ANY INFORMATION OBTAINED BY THIS
OFFICE FOR THE PURPOSE OF
GRANTING CREDIT WILL BE HELD IN
THE STRICTEST CONFIDENCE.

Customer # _____
Amount Requested _____
D&B Report On File Y N
Amount Approved _____
By _____ Date _____



MINIMUM ORDER AND TERMS

Minimum Order - \$100.00

1. We will ship LTL, UPS or the customer may pick up.
2. All delivery charges, (UPS, etc.) are to be added to the customer invoice, unless otherwise noted.
3. LTL freight charges are always collect unless otherwise noted. All orders that are requested to be shipped prepaid are subject to a 10% surcharge.
4. A \$5.00 service charge will be applied to all glass shipments via UPS.
5. If order does not meet minimum, a \$10.00 service charge will be added.
6. Returned checks will incur a \$25.00 service charge.

Terms

1. All customers are either C.W.O. or C.O.D. until approved credit can be established.
2. After the customer has approved credit our normal terms of **NET 20** apply.
3. WB Bottle accepts Mastercard, Visa and American Express. A 3% processing fee will be added to all invoices paid with a credit card.

Print Orders and Special Order Items

1. If a customer does not have established credit terms, special order items and print orders must be paid in full at the time the order is placed.

Effective September 11, 2017

Electronic Document Option

In a continuing effort to increase efficiency and overall customer satisfaction, WB Bottle Supply is looking to adopt an electronic format for sending out various forms including invoices, statements, and order acknowledgements. In addition to being environmentally friendly, this process can benefit you in the following ways:

- Immediate routing to the person you designate, reducing mailroom time.
- Perfect for electronic archiving.
- If you are currently using an ERP email input system you will no longer have to sort or scan invoices.

Customer Satisfaction is our number one goal at WB Bottle Supply*. If you are currently not equipped or agreeable to receiving your documents in this format, please indicate here:

I do *NOT* want to receive these documents electronically:

_____ Invoices _____ Acknowledgements _____ Statements

If you are interested in taking part in this program, please complete the following information so that we can ensure your documents are directed to the appropriate individual.

INVOICES

Name: _____ Email Address: _____

ACKNOWLEDGEMENTS

Name: _____ Email Address: _____

STATEMENTS

Name: _____ Email Address: _____

*If at any time you find that the electronic format is NOT working for you, simply contact your customer service rep and we will update your preferences.