



MILWAUKEE ELECTRIC TOOL CORPORATION
CREDIT APPLICATION

COMPANY NAME _____

NAME/Parent Company _____ DIV/BR _____ Subsidiary _____

Address _____ PO Box _____

City _____ State _____ Zip Code _____ City/State _____ Zip _____

Phone () _____ Fax () _____ Key Contact _____

Distributor's Website Address _____

MAJOR LINE(S) OF BUSINESS _____

Corporation (State of Incorporation) _____

Partnership (Partners Names) _____

Proprietorship (Owners Names) _____

Year Business Started _____ Operated under Present Ownership Since _____

Purchases will be invoiced on terms of (Initial) 2% 30 Days/Net 45 Days _____ 2% 45 Days/Net 60 Days (AK-HI-PR) _____

Acknowledgements Required _____ Yes _____ No Monthly Statement of Account Required _____ Yes _____ No

Deliver Acknowledgements by E-Mail (Address) _____ Fax (#) _____ EDI _____ Mail _____

Deliver INVOICES by E-Mail (Address) _____ Fax (#) _____ EDI _____ Mail _____

If order qualifies for dating we prefer _____ Installments _____ Single payment - with extra time

RESALE/TAX EXEMPT CERTIFICATE # _____ (COPY MUST BE ATTACHED)

Primary Bank: Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ A/C # _____

MUST ATTACH A VOIDED CHECK OR DEPOSIT TICKET AND FINANCIAL STATEMENTS (OR ESTIMATES)

National lines handled (line card may be substituted) _____

TRADE REFERENCE

1. NAME _____ 2. NAME _____

ACCOUNT# _____ ACCOUNT# _____

PHONE _____ PHONE _____

FAX _____ FAX _____

3. NAME _____ 4. NAME _____

ACCOUNT# _____ ACCOUNT# _____

PHONE _____ PHONE _____

FAX _____ FAX _____

The information furnished is accurate. Orders are accepted subject to your prevailing DPL terms and conditions. We authorize any of those listed to provide you with any credit information you may request.

Authorized Signature (Officer) _____ Title _____ Date _____ Milwaukee Representative _____

PDI VALUE \$ _____

INITIAL ORDER VALUE \$ _____