

APPLETON MFG. DIV.
PRODUCTIVE SOLUTIONS, INC.
1025 BREEZEWOOD LANE
P.O. BOX 618
NEENAH, WI 54957-0618
(920) 751-1555 (920) 751-1525 FAX

CREDIT APPLICATION DATE _____

TO OBTAIN CREDIT FROM CREDITOR, CUSTOMER AGREES TO CREDITOR'S USUAL TERMS AND CONDITIONS AS PROMULGATED AND AMENDED BY CREDITOR FROM TIME TO TIME, AND REPRESENTS AND STATES THE FOLLOWING, AND AUTHORIZES RELEASE OF ANY INFORMATION PERTAINING TO CUSTOMER'S FINANCIAL CONDITIONS FROM ANY THIRD PARTIES WHICH MAY VERIFY SAME:

“**CREDITOR**” is Appleton Mfg. Div., Productive Solutions, Inc.

“**CUSTOMER**” is _____
(Business Name)

Address: _____

Telephone # _____

Fax # _____

Tax Exempt # _____

If a division or subsidiary (circle) of another company, give complete name and address of parent company.

Company Name: _____ Address: _____

Phone: _____

1. CUSTOMER is a (check where appropriate):

SOLE OWNER (Owner's Name) _____

Address: _____ Home Phone# _____
Social Sec. # _____

PARTNERSHIP (Partner's Name) _____

Address: _____ Home Phone# _____
Social Sec. # _____

(Partner's Name) _____

Address: _____ Home Phone# _____
Social Sec. # _____

(Partner's Name) _____

Address: _____ Home Phone# _____
Social Sec. # _____

Corporation (Corporate Name) _____

Address: _____ Business Phone# _____
State of Incorporation _____

Federal ID # _____

LLC (Limited Liability Co. Name) _____

Address: _____ Business Phone# _____
State of Charter _____

Federal ID# _____

2. BUSINESS REFERENCES, TRADE NAMES, AND OTHER BUSINESS INFORMATION (**COMPLETE REVERSE SIDE**)

3. CUSTOMER AGREES THAT ANY DEALINGS BETWEEN THE PARTIES SHALL BE GOVERNED BY AND INTERPRETED IN ACCORDANCE WITH THE LAWS OF THE STATE OF WISCONSIN AND CUSTOMER FURTHER AGREES, PER CREDITOR'S OPTION, TO THE JURISDICTION OF THE COURTS OF WISCONSIN, STATE OR FEDERAL, TO DETERMINE ANY CONTROVERSY ARISING IN THEIR DEALINGS

4. I (WE) HEREBY ACKNOWLEDGE THE AUTHORITY TO GRANT AND DO HEREBY GIVE CREDITOR PERMISSION TO RECEIVE INFORMATION ON OUR COMPANY:

(Sign) _____ (Print Name) _____

(Sign) _____ (Print Name) _____

BUSINESS BANK ACCOUNT & REFERENCE: _____

ADDRESS OF BANK: _____

Contact Person: _____
Telephone #: _____
Fax #: _____

TOTAL EMPLOYEES OF YOUR BUSINESS: _____

YEAR BUSINESS STARTED: _____

NATURE OF YOUR BUSINESS: _____

BUSINESS TRADE NAMES: (1) _____
(2) _____

OTHER BUSINESS ADDRESSES: (1) _____

(2) _____

(IF ADDITIONAL TRADE NAMES OR ADDRESSES—ATTACH LISTING OF EACH)

BUSINESS REFERENCES: LIST AT LEAST THREE.

<u>Name</u>	<u>Address</u>	<u>Contact Person and Telephone/Fax Numbers</u>
1) _____	_____	_____
	_____	_____
2) _____	_____	_____
	_____	_____
3) _____	_____	_____
	_____	_____

IMPORTANT: ATTACH CURRENT AUDITED FINANCIAL STATEMENT OF CUSTOMER

LIST SECURED CREDITORS:

<u>Creditor</u>	<u>Address</u>	<u>Collateral</u>
1) _____	_____	_____
	_____	_____
2) _____	_____	_____
	_____	_____
3) _____	_____	_____
	_____	_____