

**Industrial Services**  
**www.fabcoind.com**

**P.O. Box 65, Neenah, WI 54956**

**800-473-5251 / 920-729-5066 Fax**



**CREDIT APPLICATION**

For the purpose of procuring and establishing credit from time to time with FABCO Industrial Services, the undersigned applicant furnishes the following information. Applicant represents and warrants said information is true and correct.

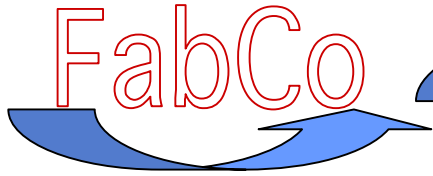
|                                                                                                                   |                  |                  |                         |                   |              |  |
|-------------------------------------------------------------------------------------------------------------------|------------------|------------------|-------------------------|-------------------|--------------|--|
| Applicant: Business or Corporation Name                                                                           |                  |                  |                         | Application Date: |              |  |
| Business Street Address:                                                                                          |                  |                  | Billing Address:        |                   |              |  |
| City:                                                                                                             | State:           | Zip              | City:                   | State:            | Zip          |  |
| Business Telephone                                                                                                | Year Established | No. of Employees | Mo. Statement Required? |                   |              |  |
| Type of Business:                                                                                                 |                  |                  | Sole Prop:              | Corp:             | Partnership: |  |
| Sales Tax Exempt Yes___ No___ If yes box is checked, certificate of exemption is required to process application. |                  |                  |                         |                   |              |  |
| Owners (if applicant is sole proprietorship or partnership) Officers (if a corporation)                           |                  |                  |                         |                   |              |  |
| Name                                                                                                              | Title            | Home Address     |                         |                   | Home Phone   |  |
|                                                                                                                   |                  |                  |                         |                   |              |  |
|                                                                                                                   |                  |                  |                         |                   |              |  |
|                                                                                                                   |                  |                  |                         |                   |              |  |
| Bank or Savings and Loan Association                                                                              |                  |                  |                         |                   |              |  |
| Name of Institution                                                                                               | Address          |                  | Account No.             | Type of Account   |              |  |
|                                                                                                                   |                  |                  |                         |                   |              |  |
| Applicant's Principal Suppliers (List at least 3)                                                                 |                  |                  |                         |                   |              |  |
| Name                                                                                                              | Address          |                  |                         | Telephone         |              |  |
|                                                                                                                   |                  |                  |                         |                   |              |  |
|                                                                                                                   |                  |                  |                         |                   |              |  |
|                                                                                                                   |                  |                  |                         |                   |              |  |

Signature

Title

Date

**RETURN TO: FABCO Industrial Services**  
**P.O. Box 65, Neenah, WI 54957-0065**  
**Phone (920) 729-5065 FAX (920) 729-5066**



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**CREDIT INFORMATION RELEASE AUTHORIZATION**

You are hereby authorized to give to \_\_\_FABCO Industrial Services\_\_\_\_\_, or any of its representatives, any and all information, facts and particulars, which may be requested regarding \_\_\_\_\_ credit history.

I, the undersigned, hereby agree and authorize \_\_\_FABCO Industrial Services\_\_\_\_\_, or any of its representatives, to make multiple duplicates of this form to be used in connection with inquiring and requesting information regarding \_\_\_\_\_ credit history.

Further, I hereby unconditionally agree and forever discharge and release \_\_\_FABCO Industrial Services\_\_\_\_\_, and any of its representatives, of all liability, whether known or unknown, that may accrue as a result of such investigation into \_\_\_\_\_ Credit history.

**Signature** : \_\_\_\_\_

**Printed Name** : \_\_\_\_\_

**Title** : \_\_\_\_\_

**Company** : \_\_\_\_\_

**Date** : \_\_\_\_\_