

**NEW ACCOUNT & CREDIT APPLICATION**

Please complete this application if you DO NOT have an established account with Wolverine Brass, Inc. Your cooperation in providing us information will enable us to process your initial order promptly. We pride ourselves on our service and the quality of our merchandise. Many thanks for your order.

CUSTOMER NO. \_\_\_\_\_  
SALESPERSON \_\_\_\_\_  
TERRITORY NO. \_\_\_\_\_

*For Office Use Only*

Customer No. \_\_\_\_\_ Credit Limit \_\_\_\_\_

**(1.) Salesman Information**

Date \_\_\_\_\_ Territory No. \_\_\_\_\_  
Salesperson \_\_\_\_\_

**(2.) Credit Card Information**

*(Complete this information if you wish to be a credit card customer)*

Card Type: \_\_\_ AMEX \_\_\_ Discover \_\_\_ MC \_\_\_ Visa  
Card Holders Name \_\_\_\_\_  
Card No. \_\_\_\_\_ Exp. \_\_\_\_\_

**(3.) Billing Address**

Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**(4.) Shipping Address**

Business Name \_\_\_\_\_  
Attention \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**(5.) New Applicant Information**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Social Security No. \_\_\_\_\_ D&B No. \_\_\_\_\_  
How long in Business \_\_\_\_\_  
Total Monthly Purchases \_\_\_\_\_ Best Contact Time: \_\_\_\_\_

Type of Business:

\_\_\_ Plumbing \_\_\_ % Residential \_\_\_ % Repair \_\_\_ % Multi-Family  
\_\_\_ HVAC \_\_\_ % Heating \_\_\_ % Refrigeration \_\_\_ % Hydronic  
No. of Employees \_\_\_\_\_ No. of Trucks \_\_\_\_\_  
P.O Required:  Yes  No

**(6.) Communication Methods**

Instead of mailing invoices and statements, can we FAX  Yes  No or EMAIL  Yes  No ?

**(7.) References (Supply House Specialty)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**(8.) Bank Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Account No. \_\_\_\_\_

(9.) Copy of Tax Exempt Certificate must be submitted with this form. If not applicable check here:

(10.) Inside city limits:  Yes  No

(11.) Terms of Payment and Conditions: 2% 10th prox., net payable last day of month. Service charges will be assessed on unpaid balance at a rate of 11/2% per month (18% Annual Rate). In the event the account is turned over to an attorney or to a collection agency for collection, the undersigned agrees to pay collection agency and/or attorney's fees and costs incurred in collection.

(12.) Application must be filled out completely to be considered. (13.) I understand and agree to the above terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBJECT TO APPROVAL**