

CREDIT APPLICATION

Vicki Schober Co., Inc.
 21700 Doral Road, Suite C
 Waukesha, WI 53186-1876
 800-541-7699 800-628-3087 FAX

<input type="checkbox"/> APPROVED	AMOUNT
<input type="checkbox"/> DISAPPROVED	\$
BY:	DATE:

PLEASE PRINT

COMPANY NAME		DATE
ADDRESS		PHONE/FAX
CITY, STATE, ZIP		TYPE OF BUSINESS <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION IN STATE OF: <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> DIVISION
ACCTS PAYABLE ADDRESS(IF DIFFERENT)		
ACCTS PAYABLE CONTACT	PHONE	
NUMBER OF EMPLOYEES	SALES VOLUME \$	
NUMBER OF YEARS IN BUSINESS UNDER THIS NAME	NUMBER OF YEARS AT THIS LOCATION	CREDIT LINE REQUESTED \$
PAYMENT PERSONALLY GUARANTEED? <input type="checkbox"/> YES <input type="checkbox"/> NO	BY	TITLE

OWNERSHIP	NAME OF OWNER	PHONE
	HOME ADDRESS	FAX
	NAME OF OWNER	PHONE
	HOME ADDRESS	FAX
TRADE REFERENCES	COMPANY NAME	PHONE
	ADDRESS	FAX
	COMPANY NAME	PHONE
	ADDRESS	FAX
	COMPANY NAME	PHONE
	ADDRESS	FAX
BANK	BANK NAME	PHONE
	ADDRESS	FAX
	BANK NAME	PHONE
	ADDRESS	FAX

All statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents, from any liability resulting from their credit survey.

Authorized Signature _____ Title _____ Date _____