



391 W Oklahoma Ave.  
 Milwaukee, WI 53207  
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# Distributor/Dealer Application For Credit

### 1. Information Needed to Set Up Your Account

Date	Anticipated Purchase and/or Amount Item	Your E-mail Address		
Is Your Organization Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please attach a copy of your Sales Tax Exempt Certificate	Sent By	Purchase Order Required	
Full Legal Name/Business Entity	Doing Business As:	Business Fax Number	Business Phone Number	
Street Address	City	State	Zip Code	
Billing Address (if different than above)	City	State	Zip Code	
If Subsidiary, Name of Parent Company, Street Address, City, State, Zip				
Person To Contact Regarding the Account	Duns #	Annual Sales	Number of Locations	
No. of Employees <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100+				In Business Since
Business Type (please check one)	70 <input type="checkbox"/> Business Services (Advertising, Data Processing, Personal, Security)	82 <input type="checkbox"/> Education/Schools	20 <input type="checkbox"/> Manufacturing/Printing	
80 <input type="checkbox"/> Medical/Health	60 <input type="checkbox"/> Finance	83 <input type="checkbox"/> Social Services	40 <input type="checkbox"/> Transportation/Communications/Utilities	
81 <input type="checkbox"/> Legal Service	63 <input type="checkbox"/> Insurance	86 <input type="checkbox"/> Membership Organizations	15 <input type="checkbox"/> Construction/Contractors	
87 <input type="checkbox"/> Engineering/Architecture/Consulting	65 <input type="checkbox"/> Real Estate	91 <input type="checkbox"/> Government	50 <input type="checkbox"/> Wholesale Trade	
87 <input type="checkbox"/> Accounting		99 <input type="checkbox"/> Other		

### 2. References for Your Business

Bank Name	Contact		Checking Account Number
Bank Address	City	State	Zip Code
Trade Name	Account #	Phone	Fax
Trade Name	Account #	Phone	Fax
Trade Name	Account #	Phone	Fax

**Please include your company Standard Trade Credit Reference Form if available.**

### 3. Signature(s) Required

a.  Check here if incorporated for more than one (1) year and sign below. If you have not been incorporated for more than one year, please refer to 3b below.

Principle Authorized Officer (type/print) \_\_\_\_\_ Title \_\_\_\_\_

Officer or Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

b.  Check here if incorporated for less than one (1) year, a sole proprietorship, or a partnership and sign below.

**Personal credit information/guaranty:**

**Must be completed by a corporation in business less than one (1) year, an unincorporated business, a sole proprietorship, or a partnership.**

I agree that if my business has been incorporated for less than one (1) year, is unincorporated, is a sole proprietorship, or is a partnership, I authorize Postal Products Unlimited, Inc. or its agent to investigate my personal credit financial records, including banking records. It is understood that my personal credit bureau may be requested by the company to assist in the investigation of my financial records and I personally guarantee the repayment of the debt. If my business has been incorporated for one (1) year or more it is understood that my personal financial records will not be investigated without my prior authorization.

First Name	Initial	Last Name	Social Security No.
Present Home Address (Number and Street)			Home Phone Number
City		State	Zip Code

Principle Authorized Officer (type/print) \_\_\_\_\_ Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

The above information is herewith submitted for the purpose of opening an account. By signing above, I do hereby certify this information to be true. All information provided will be used by Postal Products Unlimited, Inc. employees to determine credit worthiness and/or effect collections. Applicant agrees to pay any collection fees incurred to collect the balances owed including reasonable attorney's fees.