



Central States Group

Central States Industrial Supply • CPI Sales
Mueller Sales • Quality Pumps

Application/Agreement for Credit

Date: _____

CSG Contact: _____

FIRM NAME			PO REQUIRED Y___ N___		PHONE ()	
STREET ADDRESS					BILLING E-MAIL	
CITY		COUNTY		STATE		ZIP CODE
FULL NAME OF OWNER OR OWNERS (OR AUTHORIZED OFFICER OF CORPORATION) LIST HOME ADDRESS & ZIP CODE FOR PARTNERSHIP OR INDIVIDUAL						
PLEASE CHECK ONE	INDIVIDUAL	PARTNERSHIP	CORPORATION	SS# or FED. TAX NO. (FOR CORPORATION)		TAX EXEMPT Y___ N___
ADDITIONAL INFORMATION REQUIRED FOR CONDITIONAL SALES CONTRACTS UNDER THE UNIFORM COMMERCIAL CODE						
DEBTOR (INDIVIDUAL SIGNING CONTRACT) _____			TITLE: _____			
DEBTOR'S SOCIAL SECURITY NO. (FOR PARTNERSHIP OR INDIVIDUAL) _____						
TYPE OF BUSINESS					DATE STARTED	
ESTIMATED ANNUAL SALES						
FORMER BUSINESS					LOCATION	
OWN OR RENT BUILDING – IF RENT – FROM WHOM?					VALUE	
A/P CONTACT				E-MAIL		
TRADE REFERENCES						
NAME		ADDRESS		E-MAIL		PHONE NUMBER
ESTIMATED ANNUAL PURCHASES					CREDIT LIMIT DESIRED	
DUN & BRADSTREET #						
NAME OF BANK				LOAN OFFICER'S NAME		
STREET ADDRESS				ACCOUNT#		
CITY		STATE			ZIP CODE	

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH FOLLOWING TERMS: NET DUE 30 DAYS FROM THE DATE OF EACH INVOICE. INVOICES NOT PAID WITHIN TERMS WILL BE ASSESSED A 1 1/2% FINANCE CHARGE EACH MONTH. IN THE EVENT IT BECOMES NECESSARY TO INCUR COLLECTION COSTS OR INSTITUTE SUIT TO COLLECT ANY AMOUNT DUE, WE AGREE TO PAY SUCH ADDITIONAL COSTS, CHARGES, AND EXPENSES INCLUDING ATTORNEYS' FEES.

FIRM NAME _____

BY _____ TITLE _____

DATE _____ CSG REP _____

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED AND CONSUMER AND/OR COMMERCIAL CREDIT REPORTS PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

Attn: Laurie Kienow

Lkienow@csgmail.com