

**Central States Casters & Material
Handling**

P.O. Box 2795

Appleton, WI 54912

Email: sales@csccaster.com



Dear Valued Customer:

Thank you for your interest in Central States Casters. We are eager to be your Caster and Material Handling supplier. In order for us to expedite your order as quickly as possible, we are asking that you please fill out the attached Customer Account profile and fax back at your earliest convenience to 920-749-9901.

If you have any questions please feel free to contact me direct at 920-749-1200, ext 720.

Thank you for your cooperation. We look forward to doing business with you.

Sincerely,

Kym Hudak
President

Customer Account Profile

To: Kym Hudak

Company: Central States Casters

Fax Number: 920-749-9901

Email: sales@csccaster.com / khudak@csccaster.com

From: _____

Company Name: _____

Company Phone No: _____

Bill To Address: _____

City _____

State _____ Zip Code _____

Purchasing Contact Name: _____ Title: _____

Contact E-Mail Address: _____

Contact Phone No: _____ Contact Fax No. _____

Sales Tax No: _____

Please Include Exemption Form if Tax Exempt

Ship To Address: _____

City _____

State _____ Zip Code _____

UPS Account No. (if orders are requested to ship collect) _____

Accounts Payable Contact: _____

Accounts Payable Phone No: _____

Accounts Payable Fax No: _____

Accounts Payable E-mail Address: _____

County that business is located in: _____

Please note: Central States Casters E-mails all Order Confirmations and Invoices. If an E-mail address is not provided, these documents will be faxed. Thank you.

CENTRAL STATES CASTERS & MATERIAL HANDLING, INC.
3100 ROEMER ROAD
APPLETON, WI 54911
PHONE (920) 749-1200 FAX (920) 749-9901

OPEN ACCOUNT CREDIT APPLICATION

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ PHONE: _____ FAX: _____

NATURE OF BUSINESS: _____ YRS IN BUSINESS _____

PROPRIETORSHIP: _____ PARTNERSHIP: _____ CORPORATION: _____

FEDERAL I.D. NO: _____ TAX EXEMPT NO: _____

(PLEASE FURNISH EXEMPT CERTIFICATE)

NAME OF OWNER (S): _____

ADDRESS: _____ STATE: _____ ZIP: _____

PHONE NO: _____

PLEASE FILL OUT THE TOP SECTION AND BELOW LIST THE NAME OF THE COMPANIES YOU HAVE DONE BUSINESS WITH IN THE PAST, AND RETURN THIS APPLICATION TO US. WE REQUIRE THREE (3) TRADE REFERENCES AND ONE BANK REFERENCE. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL OR FAX. THANK YOU FOR YOUR INTEREST IN OUR COMPANY. WE HOPE TO ADD YOUR NAME TO OUR LIST OF SATISFIED CUSTOMERS.

1ST REFERENCE: _____

ADDRESS: _____ PHONE: _____ FAX: _____

2ND REFERENCE: _____

ADDRESS: _____ PHONE: _____ FAX: _____

3RD REFERENCE: _____

ADDRESS: _____ PHONE: _____ FAX: _____

BANK REFERENCE: _____ CONTACT NAME: _____ ACCT # _____

ADDRESS: _____ PHONE: _____ FAX: _____

CREDIT TERMS: NET 30 DAYS

THE UNDERSIGNED BY THE EXECUTION OF THIS CREDIT APPLICATION AGREES THAT IT SHALL PAY FOR ALL OUTSTANDING BALANCES IN 30 DAYS. A SERVICE CHARGE OF ONE AND ONE HALF PERCENT WILL BE CHARGED TO ALL OVERDUE ACCOUNTS.

SIGNATURE: _____ DATE: _____