



PHONE: 262-723-2200

FAX: 262-723-2311

WEBSITE: www.stuarttank.com

E-MAIL: info@stuarttank.com

940 E GENEVA ST • PO BOX 558 • ELKHORN, WI 53121-0558

CREDIT APPLICATION

Please fill out the information below and return it as soon as possible in order for us to have complete and accurate information in your file. Thank you for taking the time to help us serve you better. All information will be held in strict confidence. Please print all fields.

CUSTOMER INFORMATION

Customer Name: _____

Address 1: _____

Address 2: _____

City: _____ County _____ State: _____ Zip: _____

Phone No: _____ Fax No.: _____ Mobile No: _____

Email address: _____

Contact Person: _____ Owner: _____

TAX STATUS: Taxable TaxExempt Tax Exempt No _____ FEIN _____

(if your tax status is other than taxable, please include a tax exempt form.)

Year Business Started _____ Type of Business _____

Purchase Orders Required? Yes No Backorders Allowed? Yes No

Purchasing/Service Contact Name _____

Accounts Payable Contact Name _____

Your Contact at Stuart Tank Sales _____

EQUIPMENT TYPE (check all that apply)

- Sanitary Chemical Petroleum Asphalt Dry Bulk Sludge Farm Pickup Fertilizer
- Dump Trailer Blowers Other _____ Fabrication and/or Parts Only

BANK REFERENCE

Banking Institution: _____ City: _____ State: _____

Contact Person: _____ Phone #: _____

Account # _____ Fax # _____

CREDIT REFERENCES

1) Company: _____ 2) Company: _____

Contact Person: _____ Contact Person: _____

Address: _____ Address: _____

Phone # _____ Phone # _____

Fax # _____ Fax # _____

3) Company: _____ 4) Company: _____

Contact Person: _____ Contact Person: _____

Address: _____ Address: _____

Phone # _____ Phone # _____

Fax # _____ Fax # _____

AUTHORIZING STATEMENT

The undersigned certifies that all information provided is true and correct:

Signature: _____ Date: _____

Officer Signature (If Corp.) _____ Date: _____