Credit Contract/Application
PIONEER METAL FINISHING CORPORATION
486 GLOBE AVENUE, PO BOX 28440, GREEN BAY WI 54324
PHONE: 920-499-6996
FAX: 920-884-1798

Please print or type legibly. An incomplete form will delay processing.

DATE OF APPLICATION	**CREDIT TERMS: NET 30 FROM INVOICE DATE**
LEGAL/FULL NAME OF COMPANY INCLUDING DBA	STREET ADDRESS CITY STATE ZIP
TELEPHONE FAX ( ) ( )	BILLING ADDRESS CITY STATE ZIP
ACCOUNTS PAYABLE CONTACT	ACCOUNTS PAYABLE EMAIL ADDRESS
ACCOUNTS PAYABLE TELEPHONE & FAX	CONTROLLER'S NAME & EMAIL ADDRESS

LEGAL STATUS OF ENTERPRISE	( ) LLC ( ) SOLE PROPRIETOR	( ) PARTNERSHIP ( ) CORPORATION	( ) PRIVATELY OWNED ( ) PUBLIC OWNED
CREDIT LIMIT REQUESTED	**$**	FACILITY: ( ) OWN	( ) RENT
YEARS IN BUSINESS	ANNUAL SALES	FEDERAL ID NUMBER / SOCIAL SECURITY NUMBER	
TYPE OF BUSINESS/PRINCIPLE PRODUCT	TAX EXEMPT: ( ) Y ( ) N IF YES, MUST ATTACH A COPY OF THE TAX EXEMPTION CERTIFICATE		

THE OWNERS OR, IF CORPORATION, THE OFFICERS ARE:

NAME	TITLE	ADDRESS	TELEPHONE
			( )
			( )
			( )

BANK REFERENCES

* BANK NAME & CONTACT	STREET ADDRESS, CITY, STATE, ZIP	ACCT NUMBERS	TELEPHONE	FAX
			( )	( )
			( )	( )
			( )	( )

TRADE REFERENCES

* NAME & CONTACT	STREET ADDRESS, CITY, STATE, ZIP	ACCT NUMBERS	TELEPHONE	FAX
			( )	( )
			( )	( )
			( )	( )

* The applicant hereby authorizes the seller/creditor to contact the bank/trade references listed herein to release all information requested. All information received will remain strictly confidential.

PRINT APPLICANTS NAME _____ APPLICANTS SIGNATURE & TITLE _____ DATE _____

The undersigned agrees to provide to creditor updated financial statements upon request.

I hereby represent that I am authorized to submit this credit application on behalf of the company named on the application, and that the information is provided for the purpose of obtaining credit and is warranted to be true. I hereby authorize Pioneer Metal Finishing Corp. to perform any credit investigation deemed necessary to establish and maintain a credit account for the applicant. I hereby authorize the reporting of the above-mentioned information to Pioneer Metal Finishing Corp. or their designees. I hereby acknowledge and agree that all charges incurred after the extension of credit shall be considered due and payable according to the terms on the invoice and that payment shall be made to Pioneer Metal Finishing Corp. and forwarded to the designated payment address. I hereby consent to abide by the terms and conditions set out on all invoices which may be amended from time to time.

COMPANY NAME _____ AUTHORIZED SIGNATURE _____ TIME _____

PRINT NAME _____ TITLE _____ DATE _____