



**JW WINCO**  
A Ganter Company

2815 S. Calhoun Rd., New Berlin, WI 53151-3515  
Phone: 800-877-8351 Fax: 800-472-0670  
262-786-8227 262-786-8524

**CREDIT APPLICATION**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Type of Ownership \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual  
 Principal Owners: \_\_\_\_\_  
 Purchasing Contact: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 A/P Contact: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Customs Broker: \_\_\_\_\_ Preferred Carrier \_\_\_\_\_  
 Tax Exempt #: \_\_\_\_\_  
 SIC Code: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Application for credit is hereby made and the following references given. It is understood this information will be held in strictest confidence and used only by our credit department.

BANKING (CHECKING ACCOUNT)	BANKING (SAVINGS ACCOUNT)
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Acct #: _____	Acct #: _____

BUSINESS REFERENCES WHERE CREDIT IS CURRENTLY EXTENDED	
1) Name: _____ Address: _____ Phone: _____ Fax: _____ Acct #: _____	2) Name: _____ Address: _____ Phone: _____ Fax: _____ Acct #: _____
3) Name: _____ Address: _____ Phone: _____ Fax: _____ Acct #: _____	4) Name: _____ Address: _____ Phone: _____ Fax: _____ Acct #: _____

We understand your terms and agree to abide by them. In making this application for credit I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my listed references and other business acquaintances. I understand that I have the right to make a written request, within a reasonable period of time, to receive additional detailed information about the nature and scope of this investigative consumer report.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

FOR CREDIT DEPARTMENT USE ONLY		
Credit Ok'd _____	Credit Refused _____	Maximum Amount: _____
		Reason: _____
Signed: _____		Date: _____