



Torginol, Inc.  
 710 Forest Ave, PO Box 102  
 Sheboygan Falls, WI 53085  
 Tel: 800-558-7596 Fax: 920-467-8674

## CREDIT APPLICATION

CONTACT INFORMATION			
Applicant Name:		Date:	
Firm Name (DBA):			
Phone:	Fax:	Email:	
Bill to Address:			
City:		State:	ZIP Code:
Ship to Address: ( <input type="checkbox"/> Same as Above)			
City:		State:	ZIP Code:
BUSINESS AND CREDIT INFORMATION			
Registered Company Name:			
Organization Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Contractor <input type="checkbox"/> Distributor <input type="checkbox"/> Independent			
No. of Employees:		Federal ID # or Social Security #:	
Primary Business Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
Years in Business:		At Present Location Since:	
If Corporation, Date of Incorporation:		Under Laws of What State?	
Have you ever filed for bankruptcy?			
PROPRIETOR, PARTNERS, OFFICERS OR SPOUSES			
Name:	City & State:		Title:
Name:	City & State:		Title:
Name:	City & State:		Title:
BANK REFERENCES			
Bank Name:		Branch:	
Bank Address:		Phone:	
City:		State:	ZIP Code:
Officer:	Account Number:		
BUSINESS/TRADE REFERENCES			
(1) Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
(2) Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
(3) Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
PURCHASING INFORMATION			
Purchase Order Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Person to Contact for Payment:	
Name of Person(s) Authorized to Charge:			
Other Information Required with Purchase:			



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### CREDIT REQUIREMENTS

Maximum Credit Limit Requested:

Average Annual Sales:

Anticipated Purchases from Torginol, Inc. in the Forthcoming Year:

### CREDIT AGREEMENT

*The applicant ("we" or "us" below) applies to Torginol, Inc., inclusive of subsidiaries ("you") for credit terms and represents and agrees as follows:*

1. **Information.** All information provided in support of this application is true, complete and accurate as of this date. We agree to inform you of any substantially adverse event which has a material impact on such information. We further agree to provide periodic information as you request, including without limitation updated financial reports. We consent to your obtaining financial and credit information from any other source.
2. **Extension of Credit.** You are not obligated to extend credit at any time. We acknowledge that any extension of credit is a matter of your sole and absolute discretion and if granted is not permanent or irrevocable. We understand that you may deny further credit or lower a credit limit or impose restrictions if: (i) we fail to pay in accordance with your standard terms and conditions ("your standard terms"); (ii) we otherwise fail to abide by your standard terms or any other contract provisions; (iii) the information provided in support of this application is determined to be false or incomplete in any respect; (iv) there is an adverse change in our financial condition as reported by us or a commercial service (e.g., Dun & Bradstreet), or any of our creditors or is public knowledge; (v) this application is over 1 year old and has not been updated if you so request; or (vi) you determine that you are insecure for any reason. We shall have no claim against you for your modification or denial of our credit limit or terms and shall indemnify you against any claim by us or on our behalf based on any modification or denial, including without limitation your attorney's fees.
3. **Standard Terms.** We agree that all sales to us will be subject to your standard terms. We will pay the full amount of any invoice on or before the date for payment set forth on such invoice. If the payment date for any purchase is not set forth on the invoice for such purchase, payment in full will be made on or before thirty (30) days after the date of the invoice or date of shipment, whichever is earlier. Interest on all amounts not paid when due shall accrue at one and one-half percent (1½%) per month from the date due until paid.
4. **Authority.** The undersigned represents that he/she has the required authority to execute this application and bind us to the agreements in this application, including without limitation all applicant information and your standard terms.

\_\_\_\_\_  
 Company Name (fill in complete legal name, add DBA, if applicable)

\_\_\_\_\_  
 Organization Type (indicate sole proprietorship, general or limited partnership, LLP, LLC, corporation, unincorporated association)

Date: \_\_\_\_\_

By:

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title (owner of sole proprietorship, general partner or Partnership or authorized partner of LLP, manager or authorized member of LLC, officer of corporation)

### FOR OFFICE USE ONLY

Credit Limit:

Approval Date:

Credit Terms:

Signature: