



# MASTERS BUILDING SOLUTIONS

908 Stewart Street  
Madison, WI 53713  
(608) 275-7001 Fax: (608) 275-7002

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

Division: \_\_\_\_\_

Attn: \_\_\_\_\_

## CREDIT APPLICATION

Account Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Tax Exempt? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Please send Copy of Certificate

### \*\* PRINCIPAL SUPPLIERS

Name: \_\_\_\_\_

Name: \_\_\_\_\_

City, State: \_\_\_\_\_

City, State: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

City, State: \_\_\_\_\_

City, State: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### \*\* BANK REFERENCE

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

#### Nature of Account

Telephone Number: \_\_\_\_\_ Checking: \_\_\_\_\_ Savings: \_\_\_\_\_ Loans: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**I authorize my bank and suppliers listed above to release and/or verify information to Masters Building Solutions in order to determine my eligibility for open account terms.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date