



N6643 Blue Lagoon Lane • Casco, WI 54205 • 608-333-3610
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CREDIT APPLICATION

Company Name				Date	
Address					
City			State		Zip
Business Start Date: / /			Office #		Cell #
Website			Email		
Federal I.D. No. or Social Security No.					
Has the Company or Any of the Principals Ever Filed Bankruptcy? If Yes, Date Filed / /					
Authorized Purchaser				Requested Credit	
Are Purchases	<input type="checkbox"/> Taxable	<input type="checkbox"/> Exempt	Submit Federal Tax Exemption Form Number 1023		
May we email Invoices and Statements to you <input type="checkbox"/> Yes <input type="checkbox"/> No					

BUSINESS REFERENCES

1: Business Name	Contact
Telephone #	Email:
2: Business Name	Contact
Telephone #	Email:
3: Business Name	Contact
Telephone #	Email:

BANK REFERENCES

Bank Name	Contact
Telephone #	City State Zip
Email	Account #

With my signature below, I authorize the above businesses and bank to release our financial information to New Septic Solutions. The above information is given for the purpose of establishing an account and is a true statement. In consideration for the extension of credit, purchaser agrees to terms of sale set forth on each invoice and/or contract. Purchaser agrees to pay a service charge on all outstanding balances at a monthly rate of 1.5%. In the event collection is needed, purchaser agrees to pay all collection costs.

Authorized Signature

Date