



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
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