

**OPEN ACCOUNT FORM**  
**(Net.30 Terms)**

**ROTH SUGAR BUSH**



**ROTH SUGAR BUSH**  
**MAPLE EQUIPMENT**

**656 Tower Drive**  
**Cadott WI 54727**

**Phone: 715-289-3820**

**Fax: 715-289-3821**

**Email: [info@rothsugarbush.com](mailto:info@rothsugarbush.com)**  
**Website: [www.rothsugarbush.com](http://www.rothsugarbush.com)**

**Please Email or Fax this application back to us.**  
**Most applications are processed within 24 hours.**

# BUSINESS CREDIT APPLICATION

at



## ROTH SUGAR BUSH

656 Tower Drive Cadott WI 54727  
info@rothsugarbush.com 715-289-3820



To: Our Valued Customer

It is my pleasure to welcome you as a new or returning customer and we are pleased to set up an account for you. To do so, you must complete, sign and return the attached credit application, send to us by fax a copy of your sales tax exempt certificate or indicate you are not exempted and lastly; understand the conditions of sale detailed on the application.

The application information you will supply us will be used in proving credit worthiness and establishing a credit line for your company. A fully completed application is necessary for shipping product on credit terms. If you decide to send bank and trade references on your company letter head, our credit application must still be returned signed by an officer or company manager

Please be aware, however; there are limited times when credit application information is not enough to establish credit at the limit you have requested. In those instances, we will request you to provide a copy of your company's most recent financial statement (balance sheet, P&L). The statement information together with the completed credit application will help us in our credit decision.

When remitting by mail send your payment to: Roth Sugar Bush, 656 Tower Drive, Cadott, WI 54727. You can also email the forms and your information to: info@rothsugarbush.com.

We assure you that the information you supply will be kept in strict confidence and for the sole use of this department.

Sincerely

*Dawn Roth*

Dawn Roth

Credit Operations

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### BUSINESS CONTACT INFORMATION

Business Name:						
Billing Address:						
City:	State:	Zip:	Email:			
Phone:	Fax:	Website:				
Type of Business:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Other
If Other, Please Explain:						
Type of Business:			Number of Employees:			
Year Established:	Yearly Gross Sales:	Federal Tax ID #:				

### NAMES and ADDRESSES of OWNERS, PARTNERS or OFFICERS

Name:	Title:		
Address:			
City:	State:	Zip:	Email:
Name:	Title:		
Address:			
City:	State:	Zip:	Email:

### BANK REFERENCES

Bank Name:	Account Number:		
Address:			Phone Number:
City:	State:	Zip:	Email:
Bank Name:	Account Number:		
Address:			Phone Number:
City:	State:	Zip:	Email:

### TRADE CREDIT REFERENCES

Vendor Name:	Contact Name:	Account Number:	
Address:			Phone Number:
City:	State:	Zip:	Email:
Vendor Name:	Contact Name:	Account Number:	
Address:			Phone Number:
City:	State:	Zip:	Email:

CREDIT LIMIT REQUESTED: \$ \_\_\_\_\_

### CREDIT TERMS

- Payment on all invoices is due within 30 days of invoice date.
- All overdue invoices bear interest at 1 1/2 % (one and a half percent) per month on unpaid balance.
- Credit applicant agrees to pay all costs of collection, including court costs and attorneys fees.
- Credit terms and limit may be cancelled or changed by Creditor at any time without notice.
- All transactions are governed by the laws of the Creditor's state.
- All transactions are governed by the terms of the Creditor's documents.

The Credit applicant accepts the above terms and states that all information contained in this credit application is true and correct. Credit applicant authorizes creditor to contact all references, inquire as to credit information, and receive any confidential information relevant to approving credit.

Name of Credit Applicant: \_\_\_\_\_

Signature of Credit Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

- Please fax or email application back to us.
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- Fax: (715) 289-3821