Application for Credit with The Wagner Companies ISO 9001:2008 CERTIFIED

Fax to 414-214-8324

Business Name: _____

Street: _____

For Internal Use Only

Credit Limit Req. _____ SIC Code _____

Date Received _____ Credit Limit _____

D&B Rating _____ Date Approved _____

City: _____ State: ____ Zip Code: _____ Phone: _____ Fax: _____

E-mail Address: _____ Years in Business: _____ Time in this Location: _____

Business Type: ___ Arch. Designer ___ Awning Fab. ___ Construction ___ Distributor ___ End User ___ Fabricator
___ General Contr. ___ Municipality ___ Original Equipment Manufacturer ___ Reseller ___ Supply House

Billing Address (if different than above): _____

City: _____ State: _____ Zip Code: _____

Check One: _____ Residential Address _____ Commercial Address

Accounts Payable Contact: _____ Controller or VP of Finance: _____

Credit Limit Requested: _____ Legal Entity: _____

Federal Tax ID #: _____ Sales Tax Exempt # (Please include certificate.): _____

If a Subsidiary, List Parent Company Name and Address: _____

List Names of Officers, or Owners, or Partners Names:

Name: _____ Title: _____ SS#: _____

Name: _____ Title: _____ SS#: _____

Please Provide Three Trade References and One Bank Reference:

Company: _____ Phone: _____ Fax: _____

Company: _____ Phone: _____ Fax: _____

Company: _____ Phone: _____ Fax: _____

Bank: _____ Account #: _____ Phone: _____ Fax: _____

✻The undersigned certifies this information is for the purpose of obtaining credit and warranted to be true. Upon approval of this application all invoices are due and payable 30 days after the invoice date. Accounts reading 90 days due are subject to collection. We reserve the right to deny all discounts from list price if buyer falls behind. I/We hereby authorize The Wagner Companies and/or any subsidiaries or divisions to investigate references listed pertaining to my/our credit and financial responsibility. It is further agreed that the undersigned will pay collection expense(s) including attorney's fees and/or court costs that may become necessary to effect collection of this account.

Date: _____ Agreement By: _____

✻Signature/Title of an Officer of the Company is **REQUIRED**.

BANK'S HOLD HARMELSS RELEASE Attention: Barbara Karol

I, _____ of _____ Authorize
Signature of Authorized Signer on Bank Account Company

_____ to release information regarding our account(s) _____
Bank Account(s) #

to R & B Wagner, Inc., P. O. Box 423, Butler, WI 53007-0423. Thank you for your cooperation in this matter.