Mail, Fax or Email to:
P.O. Box 870
Marshfield, WI 54449
Phone: 715-384-3168 * Fax 715-387-4946
ar@centralstatesupply.com
www.centralstatesupply.net

Date: _____

Business Name: _____ Phone Number _____

Address: _____ Fax Number: _____

City, State, Zip Code: _____

E-mail address: _____ Federal I.D.# _____

Invoice/Statement delivery method:	
E-Mail address:	**Fax #:**
Accts Payable Contact:	County:
Tax Exempt: YES NO	(IF EXEMPT, STATE LAW REQUIRES THAT YOU FURNISH EXEMPTION CERTIFICATE SIGNED BY COMPANY OFFICER

GENERAL INFORMATION-PLEASE PROVIDE ALL INFORMATION

Date business started: _____ Purchase orders required: Yes No

Owner: _____ Business type: _____
(plumbing ,electrical, manufacturing, contractor, etc.)

Check One: Individual____ Partnership_____ Corporation_____

Bank Name & location: _____ Checking Acct # _____

Bank Phone Number: _____ Fax Number: _____

TRADE REFERENCES-PLEASE PROVIDE ALL INFORMATION

Name of Supplier	City, State	Phone No: Fax No:
Name of Supplier	City, State	Phone No: Fax No:
Name of Supplier	City, State	Phone No: Fax No:

I authorize the above references to release credit information regarding my account.
I understand all information will be kept confidential.

_____ _____

Name of Applicant

Signature and Title
(Account owner's signature required for financial information to be released)