

Credit Application for Businesses

Please type or print (WHEN COMPLETED, FAX YOUR APPLICATION TO 608.423.2300)

Date	Anticipated Monthly Purchase Volume	Purchase Order Required? <div style="text-align: center;">Yes No</div>	Tax Exempt Number <small>(copy of certificate must be attached)</small>
-------------	--	---	---

A. BILLING INFORMATION

Full Legal Name/Business Entity		Business Fax Number	Business Phone Number
Street Address	City	State	Zip Code
Billing Address (if different than above)	City	State	Zip Code

B. BUSINESS CREDIT INFORMATION

Principal(s) Authorized Officers			Title(s)
Person to contact regarding the account			Phone Number
If Subsidiary, Name of Parent Company		DBA or AKA	Duns Number
Taxpayer ID Number	In Business Since	# of Locations	Annual Sales
Type of Business		No. of Employees	
		One 2-7 8-19 20-49 50-100 100	

C. BANK REFERENCES

Bank Name	Contact	Checking Acct. Number	Savings Acct. Number
Bank Address	Bank City, State	Bank Zip Code	Bank Phone Number

D. TRADE REFERENCES

Trade Reference Name	Address	City, State	Zip Code	Phone Number
1.				
Trade Reference Name	Address	City, State	Zip Code	Phone Number
2.				
Trade Reference Name	Address	City, State	Zip Code	Phone Number
3.				

E. PERSONAL CREDIT INFORMATION/GUARANTY - IF IN BUSINESS LESS THAN ONE YEAR I

agree that if my business has been incorporated for less than one (1) year, unincorporated, a sole proprietorship, or a partnership, I authorize Presidential Limousine or its agents to investigate my personal credit, financial records, including banking records. It is understood that my personal credit bureau may be requested by Presidential Limousine to partake in the investigation of my financial records and I personally guarantee the payment of the debt. If my business has been incorporated for one (1) year or more, it is understood that my personal financial records may not be investigated without my prior authorization.

First Name	Middle	Last Name	Social Security Number
Present Home Address (Number and Street)			Home Phone Number
City, State			Zip Code

F. By signing below, you agree to be bound by terms and conditions of this Agreement for a Business Charge Account.

Officer or Authorized Signer (SIGNATURE IS REQUIRED)	Date

All account terms and charges discussed herein are accrued as of the printing date, but are subject to change. To find out what may have changed since the printing date of the Credit Card Agreement, please write us at W9133 Blue Spruce Lane, Cambridge, Wisconsin 53523

CREDIT CARD DISCLOSURE NO ANNUAL FEE OR OTHER FEES. THERE IS A GRACE PERIOD OR FREE RIDE PERIOD and no FINANCE CHARGE if you pay the entire balance within 7 days of the closing date on the billing statement.

ANNUAL PERCENTAGE RATE for purchases	Grace Period for Repayment of Balances for Purchases	Method of Computing the Balance for Purchases	Minimum FINANCE CHARGE
19.8%	7 Days if you pay the entire new balance shown on each billing statement by the Payment Due Date	Average Daily Balance method (including New purchases) in all states except ME where the daily balance method (excluding New purchases) applies	\$1.00 for any billing cycle which a FINANCE CHARGE of less than \$1.00 would otherwise be imposed.

LATE CHARGE - to the extent not prohibited by law, we will charge and you agree to pay a late fee of \$10.00 if you fail to make a required payment within 7 days after the payment due date in any month.

A consumer credit report may be ordered in connection with this application, or subsequently in connection with the update, renewal or extension of credit. Upon your request, you will be informed whether or not a consumer report was ordered, and, if it was, you will be given the name and address of the consumer-reporting agency that furnished the report.

WHEN COMPLETED, PLEASE FAX YOUR APPLICATION TO 608.423.2300.