

Credit Application

Cascade Asset Management

6701 Manufacturers Drive

Madison, WI 53704

608-222-4800



Contact Information				Billing Information			
Contact Name				AP Contact Name			
Company Name				Company Name			
Address				Address			
Phone				Phone			
Fax				Fax			
E-mail				E-mail			
General Company Information							
Federal Tax ID number				Principal Officer			
Dun & Bradstreet number				Title			
Legal Structure (check all that apply)							
<input type="checkbox"/>	Corporation	<input type="checkbox"/>	LLC	<input type="checkbox"/>	Sole Proprietor		
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	LLP	<input type="checkbox"/>	Non-Profit		
In Business Since				Business Type			
Bank References							
Bank Name (#1)				Bank Acct#/Type			
Bank Address				Bank City/State/Zip			
Bank Contact				Bank Phone			
Bank Name (#2)				Bank Acct#/Type			
Bank Address				Bank City/State/Zip			
Bank Contact				Bank Phone			
Trade References							
Company	Contact	Street		City	State	Phone	
1.							
2.							
3.							
4.							
Signature & Authorization							
<p>The signature below represents and warrants that (a) the party signing below is an authorized representative of the company; and (b) that the information provided herein is a complete and accurate representation of the company's financial situation as of the date hereof. Any misrepresentation or fraudulent information provided will be the basis for default under this agreement. By signing this form, I expressly authorize Cascade Asset Management to contact the above references to determine credit worthiness. Cascade reserves the right to request payment by credit card or in advance of service if a satisfactory credit review is not obtained.</p>							
Signature				Date			
Print Name				Business Title			