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CREDIT DATA FORM

Please complete this form in its entirety and submit with all new account request information.

Account Name: _____

Is this the parent company? Yes No

Is this firm a division of another company? Yes No

If yes, who is the parent company and where are they located? _____

Controller and VP of Finance: _____

Phone: _____

Accounts Payable Supervisor: _____

Phone: _____

Accounts Payable Contact: _____

Phone: _____

Should all ordered be shipped complete? Yes No

Does this company pay on complete purchase orders only? Yes No

Does Felins receive POs before shipment? Yes No

Does this company debit for short shipments or returns? Yes No

If yes, explain: _____

Document flow within Corporation (Receiving Dept., A/P Dept., Returns Dept.): _____

Please state terms agreed upon: _____

(Deviation from Net 30-day terms requires Executive approval)

PAST DUE INVOICES SUBJECT TO 1.5% PER MONTH INTEREST

APPLICATION FOR CREDIT

Name of Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

HEREBY applies for credit in accordance with the terms and conditions of FELINS USA, INC.

The following information must be provided. It will be held in strictest confidence.

OWNERSHIP

Corporation (check if incorporated within last 12 months) Partnership - Years in business: ____

	Name of Principals	Complete Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Bank Name: _____ Address: _____

Bank Officer or Department: _____ Phone: _____

TRADE REFERENCES

If available, please attach your company's reference form in lieu of completing this box.

	Name of Business	Complete Address	Email	Phone	Fax
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Check if cash sales are okay until credit is approved

We certify that all of the information on this form is correct. We fully understand your credit terms (Net 30-days) and agree to the proper payment in consideration of extended credit.

Signature Title Date

DO NOT WRITE BELOW THIS LINE

Reference results: _____

Reference checked by: _____ Approved Refused By: _____

RETURN COMPLETED APPLICATION / FORMS TO ACCOUNTSRECEIVABLE@FELINS.COM

