MILWAUKEE DUSTLESS BRUSH
Gordon Brush Mfg. Co., Inc.

APPLICATION FOR CREDIT

Company Name_____ Telephone_____ Fax No._____

Address_____ Web Site Address: _____

City, State, Zip Code_____

Type of Business_____ A/P Contact_____ A/P Phone _____

Check One: Our company has centralized purchasing? (Purchasing is done through one location): _____

Our company has different branches and each branch does its own purchasing: _____

A/P Fax_____ A/P email _____

Check One: Corporation in the State of_____ Partnership_____ Proprietorship_____ Year Established_____

Resale Certificate No._____ Federal Tax I.D._____

Officers:_____ Title_____

Officers:_____ Title_____

TRADE REFERENCES (***All Information Below is Required***)

Company Name	Email	Telephone	Fax Number
1)			
2)			
3)			
4)			

BANK INFORMATION

Name of Bank_____ Contact_____

Address_____

Acct. No_____ Telephone_____ Fax No._____

I/We hereby certify that the above information is given for the purpose of obtaining credit with Milwaukee Dustless Brush - A Division of Gordon Brush Mfg. Co., Inc. and is warranted to be true. I/We hereby authorize Gordon Brush Wisconsin, LLC. to investigate the references listed pertaining to my/our credit and financial responsibility. A copy of this document is as valid as the original. **If credit is extended, I/we agree that invoices will be paid within 30 days of invoice date.**

_____	_____	_____	_____
Officer Name	Officer Signature	Title	Date

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