



Wolf Industries Inc.

Customer Credit Application

This form must be completed in its entirety and signed.
 For any questions regarding this form or your account, please
 contact Accounts Receivable at 262.965.2121 or
 AR@WolfPaving.com

Return To

AR@WolfPaving.com
 262.965.5426
 Wolf Industries A/R
 612 N Sawyer Rd
 Oconomowoc, WI 53066

CUSTOMER DETAILS ("Applicant")				INTERNAL USE Customer Number:
NAME (Last, First, Middle Initial)		PHONE		
TITLE		EMAIL		
NAME OF BUSINESS		FEDERAL TAX ID NUMBER		
ADDRESS		IN BUSINESS SINCE		
CITY	STATE		ZIP	
PRIMARY PHONE	PHONE TYPE	SALES AND USE TAX EXEMPT (If yes, include tax-exempt certificate)		
	<input type="checkbox"/> Office <input type="checkbox"/> Mobile	<input type="checkbox"/> Yes <input type="checkbox"/> No		
AP CONTACT NAME (Last, First)	TITLE	PHONE	EMAIL	
TYPE OF LEGAL ENTITY <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual				
NAME OF PRINCIPAL(S)	TITLE	ADDRESS	PRIMARY PHONE	
MATERIAL(S) TO BE PURCHASED <input type="checkbox"/> Aggregates (Sand, Stone, Salt) <input type="checkbox"/> Recycled Products (RAS, Bedding, Shingles/Wood/Tire Dump) <input type="checkbox"/> Concrete/Asphalt Dump Fees <input type="checkbox"/> Other (please specify):				REQUESTED CREDIT LIMIT
BANK REFERENCE				
INSTITUTION NAME		CONTACT NAME		
ADDRESS		PHONE		
CITY	STATE	ZIP	EMAIL (or Fax)	
TRADE REFERENCES				
COMPANY NAME		CONTACT NAME		
ADDRESS		PHONE		
CITY	STATE	ZIP	EMAIL (or Fax)	
COMPANY NAME		CONTACT NAME		
ADDRESS		PHONE		
CITY	STATE	ZIP	EMAIL (or Fax)	
COMPANY NAME		CONTACT NAME		
ADDRESS		PHONE		
CITY	STATE	ZIP	EMAIL (or Fax)	
AGREEMENT AND AUTHORIZATION				
I certify that the information contained herein is complete and accurate and that I am duly authorized to sign on behalf of the "Applicant". The information has been provided for the purpose of obtaining credit from "Wolf Industries, Inc." or it's related entities ("Wolf Paving Co, Inc", "Wolf Paving and Excavating of Madison, Inc.", "Wolf Construction Co, Inc", "All Testing Specialists, LLC", "Badger Materials Recycling, LLC") and I authorize the References above to release any requested information for the purpose of deciding whether to extend credit to the Applicant. I am aware and agree to pay all invoices within 30 days or the account will be placed on C.O.D. Also, I understand a finance charge of 1.5% will be added on to any unpaid balance until the account is brought up to date.				
Signed	Printed Name	Title	Date	