



PO Box 480  
Monett, MO 65708

Ph: 417-235-7821  
Fax: 417-737-7140

**BUSINESS CONTACT INFORMATION**

Company Name \_\_\_\_\_ dba \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Registered Company mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date started \_\_\_\_\_ D&B \_\_\_\_\_ Fed ID \_\_\_\_\_

How long at current address by this ownership? \_\_\_\_\_ Your estimated annual sales \_\_\_\_\_

Subject to Sales Tax: Yes \_\_\_ No \_\_\_ Exemption No# \_\_\_\_\_ (Please provide exemption certificate)

Accounts Payable Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Sole proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

**COMPLETE IF CORPORATION**

**President:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Vice President:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Sec/Treas:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**COMPLETE IF INDIVIDUAL OR PARTNERSHIP**

**#1 Principal (Owner):** \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**#2 Principal (Owner):** \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**BUSINESS SHIP-TO INFORMATION (IF DIFFERENT THAN MAILING ADDRESS ABOVE)**

Ship to Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number @ Ship-to Location \_\_\_\_\_

**BANK INFORMATION**

Bank name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**\*\*\*\*PLEASE SIGN AND DATE ATTACHED BANK RELEASE FORM\*\*\*\***

**BUSINESS/TRADE REFERENCES**

**Company name** \_\_\_\_\_ **Contact** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Type of Account \_\_\_\_\_

**Company name** \_\_\_\_\_ **Contact** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Type of Account \_\_\_\_\_

**Company name** \_\_\_\_\_ **Contact** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Type of Account \_\_\_\_\_

**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Window Technology, Inc (WinTech) to make inquiries into the banking and business/trade references that you have supplied.

**Signatures**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



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**PLEASE SIGN BELOW FOR US TO OBTAIN CREDIT INFORMATION FROM YOUR BANK**

X \_\_\_\_\_ Company \_\_\_\_\_

Date Signed \_\_\_\_\_

**BELOW FOR CREDIT DEPARTMENT AND BANK USE ONLY**

Bank Reference \_\_\_\_\_ Fax No \_\_\_\_\_

Attn: \_\_\_\_\_ Email \_\_\_\_\_

The above referenced company has given your bank as a credit reference. Please answer the questions below and return via email to [msebastian@wintechinc.com](mailto:msebastian@wintechinc.com) (Mark Sebastian – CREDIT MANAGER) at your earliest convenience. All information will be held in strict confidence.

Thank You.

Credit Department  
WINTECH

Our experience with the company has been:

**DEPOSITORY ACCOUNTS:** Date(s) opened \_\_\_\_\_

Average balances \_\_\_\_\_ If closed, when? \_\_\_\_\_ High Credit \_\_\_\_\_

**LOAN ACCOMODATION: (Type/Amount)**

Line of Credit \_\_\_\_\_ Term \_\_\_\_\_

Mortgage \_\_\_\_\_ Installments \_\_\_\_\_

Other \_\_\_\_\_ Amount(s) past due \_\_\_\_\_

\_\_\_\_\_  
**BANK'S SIGNATURE**

\_\_\_\_\_  
**DATE**