



WAUSAU COATED PRODUCTS INC

7801 Stewart Ave / P.O. Box 904

Wausau WI 54401

715/843-6384 715/843-6383 (FAX)

REQUEST FOR INFORMATION

Date _____

Legal Name of Company _____ DBA _____

Other names used _____ When _____

Street Address _____

City _____ State/Zip _____ County _____

Mailing Address (if different) _____

City _____ State/Zip _____ County _____

Telephone _____ Fax _____ Website _____

Type of Business _____ Years in Business _____

Sales tax exemption _____ Federal ID# _____

Check one: Corporation Partnership Sole Proprietorship Individual

Government LLC LLP

If incorporated year and state _____

Anticipated yearly volume \$ _____ Initial order \$ _____

Are purchase orders required? If yes, specify authorized personnel _____



Names of Officers/Owners:

Name _____ Title _____ % of ownership _____
Street Address _____ City _____ State/Zip _____
Social Security # ____/____/____ Home phone _____ Cell phone _____
Former/Present Affiliated Companies _____

Name _____ Title _____ % of ownership _____
Street Address _____ City _____ State/Zip _____
Social Security # ____/____/____ Home phone _____ Cell phone _____
Former/Present Affiliated Companies _____

Pending Litigation? ____ If yes detail _____

Bankruptcy filed? ____ If yes Date, City, State and Chapter _____

Discharged? _____ Liens or Levys? _____

Bank Name _____ Street Address _____

City _____ State/Zip _____ Phone _____

Accounts Payable Contact

Name _____ E-mail Address _____

Phone _____ Fax _____ Best time to reach _____



Credit and Trade References:

Street Address _____ City _____ State/Zip _____

Name _____ Acct # _____ Years associated _____

Contact Person _____ Phone _____ Fax _____

Street Address _____ City _____ State/Zip _____

Name _____ Acct # _____ Years associated _____

Contact Person _____ Phone _____ Fax _____

Street Address _____ City _____ State/Zip _____

Name _____ Acct # _____ Years associated _____

Contact Person _____ Phone _____ Fax _____

Street Address _____ City _____ State/Zip _____

Name _____ Acct # _____ Years associated _____

Contact Person _____ Phone _____ Fax _____



*The information contained in this application is provided for the purpose of obtaining or maintaining credit. The undersigned acknowledges that the information provided will be used to **grant or continue** credit with Wausau Coated Products Inc. The undersigned warrants and represents the information provided is true and complete and may be considered as continuing to be true and correct until written notice of change is given. Wausau Coated Products Inc. is authorized to make all inquiries deemed necessary, including but not limited to; reviewing consumer credit reports on owners or principals of the company, verify banking information and trade references to verify credit worthiness. Wausau Coated Products Inc. may change or terminate the conditions of credit at anytime.

The undersigned agrees that any dispute arising out of this agreement for goods and merchandise ordered or delivered will be governed and settled under applicable principles of Wisconsin law, under jurisdiction of Wisconsin courts and that the venue in any such action be in the County of Marathon. This applicant agrees to pay all collection costs, including attorney fees.

I agree to all the conditions as explained above and authorize release of information from banks, businesses and persons identified on this application. It is understood that all the information will be held in strict confidence.

Signature of Officer _____ Title _____ Date _____

Please Print Name _____