

**RAFFEL SYSTEMS, LLC**  
 N19 W6723 Commerce Court, Cedarburg, WI 53012  
 Phone 262-375-1011 Fax 262-375-1010  
**Confidential Credit Agreement**

In consideration of opening a line of credit with Raffel Systems, it is agreed that our company will pay all sums when due and according to terms stated in our company policy which are **Net 30 days for all invoices**. No alterations will be accepted for payment unless approved in writing by Raffel Systems. Any balance past due, through no fault of Raffel Systems is subject to a service charge of **1-1/2%** per month as stated on the invoice. In the event of non-payment, the undersigned agrees to pay in addition to the principal amount due, all service charges, collection costs, reasonable attorney and court costs and any other reasonable fees due to Raffel Systems. Applicant grants Raffel Systems the option to acquire a Security Interest in which this Credit Application or a copy hereof may be used as a Security Agreement. I hereby authorize you to contact references and obtain information from outside sources that may be needed to obtain an open line of credit with Raffel Systems.

Signature of Owner or Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name Printed: \_\_\_\_\_ Title: \_\_\_\_\_

**Company Information**

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Main Billing Phone: \_\_\_\_\_ Main Billing Fax: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Main Shipping Phone: \_\_\_\_\_ Main Shipping Fax: \_\_\_\_\_

*(if company has moved within the last 5 years)*

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Number of Years in Business: \_\_\_\_\_  
 Type of Business:  Proprietorship  Partnership  Corporation  Other: \_\_\_\_\_  
 If Incorporated: State of Incorporation: \_\_\_\_\_ Year of Incorporation: \_\_\_\_\_

Name of Owners or Authorized Officers of Corporation (Provide Home Address, Zip & Social Security Number for Proprietorship or Partnership):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Accounting Information**

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Name of Officer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Person Who Approves Bills for Payment: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ ext \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Person Who Issues Checks: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ ext \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Invoice Delivery Method:  Mail  Fax (Fax #: \_\_\_\_\_)  Email (Email Address: \_\_\_\_\_)

Do you require Statements:  Weekly  Bi-Weekly  Monthly  Bi-Monthly  Quarterly  Does not require

**Are your purchases exempt from Sales Tax?**  No  Yes (If yes, please provide a copy of your tax exempt certificate or tax will be charged.)

**Reference Information**

Please supply a minimum of four unrelated Companies with a two year minimum history (no steel or transportation companies).

Company Name	Contact Name	Phone Number	Fax Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**Other Information**

Types of products you are planning to purchase from Raffel: \_\_\_\_\_  
 \_\_\_\_\_  
 Expected Annual Purchase Amount \$ \_\_\_\_\_ Current Supplier(s): \_\_\_\_\_

**\*Please note: This form must be signed at the top or credit will be denied\***