



# *Goff's Enterprises, Inc.*

*Improving Profitability through Flexible Space Separation*

700 Hickory Street • Pewaukee, Wisconsin 53072

Phone 800-234-0337 • 262-691-4998 • Fax 262-691-3255

Email [sales@goffscw.com](mailto:sales@goffscw.com) • Web [www.goffscurtainwalls.com](http://www.goffscurtainwalls.com)

Dear Sir or Madam,

Thank you for your interest in doing business with Goff's Enterprises Inc.

Attached please find the following documents that are required to be completed prior to acquiring open account terms.

**1. Goff's Credit Application**

Should you have a company credit application that would be acceptable.

The credit application must be signed and dated by an individual that is authorized to allow Goff's to investigate your bank and credit references.

**2. Authorization Form**

Please complete and have signed by an individual that is authorized to release credit information on behalf of your company, including your bank.

**3. Accounts Receivable Invoice Option Form**

**4. Completed Contact Information Form**

**5. Resale or Tax Exempt Certificate, if applicable**

We look forward to doing business with you.

*Goff's Enterprises Inc.*



# Goff's Enterprises, Inc.

*Improving Profitability through Flexible Space Separation*

700 Hickory Street • Pewaukee, Wisconsin 53072

Phone 800-234-0337 • 262-691-4998 • Fax 262-691-3255

Email sales@goffscw.com • Web [www.goffscurtainwalls.com](http://www.goffscurtainwalls.com)

## CREDIT APPLICATION

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ For Past \_\_\_\_\_ Years.

City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_

Shipping Address \_\_\_\_\_ Email \_\_\_\_\_

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

D/B/A \_\_\_\_\_ Federal Tax ID Number \_\_\_\_\_

Former Business Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_ How Long in Business \_\_\_\_\_

Does State, County or City Require a License. \_\_\_\_\_

If Yes, License # \_\_\_\_\_

No. of Employees \_\_\_\_\_ Est. Annual Sales \_\_\_\_\_ Dun's No. \_\_\_\_\_

Sales Area \_\_\_\_\_

Has the firm or any of its principals ever filed for bankruptcy? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Mortgage Holder/Landlord \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Ownership** Sole Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Principal: \_\_\_\_\_

(Name) (Title) (SSN)

Home Address \_\_\_\_\_

Principal: \_\_\_\_\_

(Name) (Title) (SSN)

Home Address \_\_\_\_\_

Principal: \_\_\_\_\_

(Name) (Title) (SSN)

Home Address \_\_\_\_\_

**Trade References (Fax numbers are required)**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax or Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax or Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax or Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax or Email \_\_\_\_\_

**Bank Reference**      Checking # \_\_\_\_\_      Loan # \_\_\_\_\_      Savings # \_\_\_\_\_  
Name & Full Address \_\_\_\_\_  
Phone & Fax or Email \_\_\_\_\_  
Contact Name \_\_\_\_\_

Authorized Signature for Bank Release **Required** \_\_\_\_\_

**Other Business Debts**

Name	Address	Balance Due
------	---------	-------------

Applicant agrees to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees.

The undersigned Will/Will Not Submit a financial statement.

The undersigned as an inducement to grant credit warrants that the information submitted is true and correct.

**Goff's Enterprises, Inc. is authorized to investigate the credit references listed above.**

Name	Title	Date
------	-------	------

**\* Please note that failure to fill out the application completely and accurately may result in our inability to approve credit or a delay in the processing of your application.**



# ***Goff's Enterprises, Inc.***

***Improving Profitability through Flexible Space Separation***

700 Hickory Street • Pewaukee, Wisconsin 53072  
Phone 800-234-0337 • 262-691-4998 • Fax 262-691-3255  
Email sales@goffscw.com • Web [www.goffscurtainwalls.com](http://www.goffscurtainwalls.com)

To Whom It May Concern:

You are hereby authorized to release credit information about our account standing, credit line, and payment history to Goff's Enterprises. To be used explicitly for the establishment of a trade account and credit line. This information is to be kept in the strictest of confidence.

Company Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Account No: \_\_\_\_\_



# Goff's Enterprises, Inc.

*Improving Profitability through Flexible Space Separation*

700 Hickory Street • Pewaukee, Wisconsin 53072  
Phone 800-234-0337 • 262-691-4998 • Fax 262-691-3255  
Email sales@goffscw.com • Web [www.goffscurtainwalls.com](http://www.goffscurtainwalls.com)

Attention: Accounts Payable

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Dear Accounts Payable:

Goff's offers several options for receipt of invoices and monthly statements.

Please choose the option that best suits your company.

1. Continue receiving by mail \_\_\_\_\_
2. Receive by email \_\_\_\_, please indicate email address \_\_\_\_\_
3. Receive by fax \_\_\_\_, please indicate fax number \_\_\_\_\_ Attn: \_\_\_\_\_

Please return the completed form via mail to the address listed above, fax to 262-691-3255 or email to [accounting@goffscw.com](mailto:accounting@goffscw.com).

Thanking you for your response in advance.

Sincerely,

Candi A. Caya  
Controller





# Goff's Enterprises, Inc.

*Improving Profitability through Flexible Space Separation*

700 Hickory Street • Pewaukee, Wisconsin 53072  
Phone 800-234-0337 • 262-691-4998 • Fax 262-691-3255  
Email sales@goffscw.com • Web [www.goffscurtainwalls.com](http://www.goffscurtainwalls.com)

## Contact Information

### Customer Information

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Counties that your business & sales reps cover. List all that apply.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Industries (circle all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Automotive        | <input type="checkbox"/> Government/School |
| <input type="checkbox"/> Industrial        | <input type="checkbox"/> Car Wash          |
| <input type="checkbox"/> Woodworking       | <input type="checkbox"/> Welding           |
| <input type="checkbox"/> Doors             | <input type="checkbox"/> Food Processing   |
| <input type="checkbox"/> Commercial/Retail |  |

### Sales Lead Contact Information

Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Sales Contact Information (if different from above)

Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Accounts Payable Contact Information

Contact Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Invoicing Preference (circle all that apply):      Mail      Fax      Email