



700 Hickory Street  
Pewaukee, WI 53072

CREDIT APPLICATION  
(Please type or print)

Please complete, sign, and return via:  
Email: [accounting@goffscw.com](mailto:accounting@goffscw.com)  
or Fax: 262-691-3255

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

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

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

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

SIC Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ DUNS: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Please select your business organization: Corporation Partnership Proprietorship Non Profit Government

Are you a subsidiary of another Company: \_\_\_\_\_ If YES, provide parent name \_\_\_\_\_

Are products Sales Tax Exempt: \_\_\_\_\_ If YES, please attach applicable exemption form

Credit Limit Requested \_\_\_\_\_

Estimated Annual Sales \_\_\_\_\_ Number of Employees \_\_\_\_\_

Purchasing Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Accounts Payable Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Email address where you would like to receive electronic invoices: \_\_\_\_\_

TRADE REFERENCES

1. Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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

2. Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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

3. Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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

BANK REFERENCES

Bank Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Contact Name \_\_\_\_\_

(1) Payment is due within 30 days of invoice date; (2) Any charges unpaid after 30 days are subject to a 1.5% fee per month (an additional 3% transaction fee may be applied if paid after 30 days using a credit / debit card); (3) Credit privileges can be withdrawn at any time. By signing below, you agree to the terms listed above and authorize Goff's Enterprises, Inc to review all credit information needed to process this application. Credit cannot be extended until this form is completed and returned.

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

Preferred method of receiving payments is via ACH (other payment options are available, however payments made via credit / debit cards may be subject to a 3% fee). Please contact our Accounts Receivable team for more information.

(Email: [accounting@goffscw.com](mailto:accounting@goffscw.com); Phone: 800-234-0337; Fax: 262-691-3255)