



Customer Setup Form

“Customer” Name/Address

Legal Name of Business:		DBA
Person Completing Application:	Title:	Tax I.D. Number
Physical Address:		
City:	State:	ZIP: Phone:

Company Information

Type of Business:	In Business Since:	Credit Limit Requested:
Legal Form Under Which Business Operates:		
Corporation <input type="radio"/>	Partnership <input type="radio"/>	Sole Proprietorship <input type="radio"/> LLC <input type="radio"/>
If Division/Subsidiary, Name of Parent Company:	In Business Since:	
Name of Company Principal Responsible for Business Transactions:	Title:	
Address:	City:	State: ZIP: Phone:
Accounts Payable Contact:	Email Address:	
Billing Address:	City:	State: ZIP: Phone:
We accept partial shipments and partial invoicing	Yes <input type="radio"/> No <input type="radio"/>	Fax:

Primary Bank Reference

Institution Name:	
Checking Account #:	
Date Account Opened:	Banking Officer Name:
Address:	
Phone:	

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions and trade references listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Applicant acknowledges that if credit terms are granted by WAV, terms granted will be Net 30, unless otherwise agreed upon in writing by an Officer of WAV, Inc. I am legally authorized to bind “Customer”, and have read, understand and agree to the terms and conditions of conducting business with WAV, Inc. located at <http://wavonline.com/media/pdfs/WAV/termsandconditions080107.pdf> Customer further agrees to provide copies of sales tax exemption or resale certificates for States in which Customer is registered.

Signature

Date

Please contact WAV Credit at (630) 818-1000 with any questions.
 Fax completed application to (630) 818-4451 or email to ar@wavonline.com