



Please fill out the attached forms at your earliest convenience for Wisco Oil LLC.

They include: Credit Terms and Payment Policy Agreement, Credit Application, Wisconsin Sales and Use Tax Exemption Certificate Form and ACH Authorization for Electronic Payments Form (if applicable). Please let me know if you have any questions.

Please email the completed forms to: wiscooils@gmail.com or mail to P.O. Box 486 Baraboo, WI 53913

Thank you for your business!

Josh Burns

Wisco Oil LLC

P.O. Box 486

Baraboo, WI 53913

Cell: (920) 344-7578



Credit Terms and Payment Policy Agreement

P.O. Box 486
Baraboo, WI 53913

1. All invoices are to be paid Net 10 days from the date of the invoice.
2. Claims arising from invoices must be made within five (5) working days.
3. By submitting this application, you authorize Wisco Oil LLC to make inquiries into the banking and business/trade references that you have supplied.

All invoices past due are subject to an interest rate of 18%

4. All special requests, dated billings, and/or adjustments to an account must have proper paperwork completed for request and approved by Wisco Oil LLC
5. All new customers must complete the proper Credit Application and be approved by Wisco Oil LLC.

I have read and agree to follow these payment terms

Authorized Customer Signature: _____ *Date:* _____

Please Print Name: _____ *Date:* _____



Wisco Oil LLC Credit Application

P.O. Box 486
Baraboo, WI 53913

Company Name:					
Billing Address:					
City:		State:		Zip:	
Phone:		Fax:			
Shipping Address:					
City:		State:		Zip:	
Phone:		Fax:			
if more than one shipping address, please attach separate sheet					
Accts Payable Contact:		Email:			
Phone:		Fax:			
Purchasing Contact:		Email:			
Phone:		Fax:			
Type of Business:		Date Established:			
Type of Entity: (please select one): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other					
FEIN (Tax ID#):		Are you Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach certificate			
<i>Key Management Members and Owners</i>		<i>Title</i>		<i>% of Ownership</i>	
Bank Name:					
Address:					
City:		State:		Zip:	
Phone:		Fax:			
Officer:					
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other		Account #:			

Four Trade References: (list no less than two majors)

Name:	Address:	Phone Number:	Contact Person:

Are you interested in receiving electronic invoices via email? Yes No

Email Address:

Are you interested in setting up ACH payments? Yes No **If yes, please see attached form**

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 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.

Authorized Customer Signature:		Date:	
Please Print Name:		Title:	

Estimated Monthly Purchases:		Requested Credit Limit:	
Salesperson:		Warehouse:	
Authorized Customer Signature:			



ACH Authorization for Electronic Payments

All invoices are to be paid Net 10 days from the date of the invoice

P.O. Box 486
Baraboo, WI 53913

I, _____ hereby authorize *Wisco Oil LLC*, to withdraw funds due from the account and bank information stated below'

Customer Bank Information:

Bank Name:

Bank Account Number:

Bank Transit Routing
Number:

Account Type: Checking Account (please attach VOIDED check) Non-Checking Account

Customer Information:

Business Name:

FEIN (Tax ID#):

Contact Name:

Phone:

Address:

City:

State:

Zip:

This authorization will remain in effect until either canceled in writing or an updated form changing information is sent to: Wisco Oil, LLC

Authorized Customer
Signature:

Print Name:

Title:

Date: