

# Faulks Bros. Construction, Inc.

E3481 Royaltan St  
Waupaca, WI 54981  
Phone: 715-258-8566  
Fax: 715-256-3983



## Credit Application

Please fill out form completely. Missing or incomplete information will delay the approval process.

**Please Note:** Processing of a credit application generally takes 3-5 business days.

Date: \_\_\_\_\_ Person Submitting Credit Application: \_\_\_\_\_

### Billing Address

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Shipping Address

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Business Structure	Taxable?	Additional Info.
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sole Owner <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>Please Note:</i> If you are Tax-Exempt (non taxable) your completed state exemption form must be returned with your application.	Name(s) of Partners or Officers: _____ _____ _____ Type of Business: _____ How Long Established: _____ Estimated Monthly Needs: _____

#### Office Use Only

Salesperson: HB CC JJ KP KR RJ

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## Trade References

### Reference #1

Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ *(Required)* Fax or Email: \_\_\_\_\_

### Reference #2

Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ *(Required)* Fax or Email: \_\_\_\_\_

### Reference #3

Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ *(Required)* Fax or Email: \_\_\_\_\_

## Bank Authorization & Reference

### Authorization

I/We give our consent for the bank to release the information requested for the credit reference.

Bank Authorization Signature *(Required)*: \_\_\_\_\_

**Please Note:** Person signing must be listed at the bank on the account. Tax ID \_\_\_\_\_

### Bank Reference

Bank Name: \_\_\_\_\_ Account Number(s) #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ *(Required)* Fax or Email: \_\_\_\_\_