



Hello, and welcome to Wilco. To begin your account set up process you will need to fill out the following forms, and return them to me with a copy of your current, government issued photo ID:

- New Customer Application (requires a payment option from below)
- Authorized Purchaser

Payment Information & Requirements:

- Option 1: **Cash only** (nothing else required)
- Option 2: **Check**
 - This option is available after a purchase history has been established, and is at the discretion of the credit manager.
- Option 3: **Credit card**
 - If you wish to pay with a credit card **in person**, the cardholder must be present with valid ID at time of purchase. The person presenting the card, the name on the card and the name on ID must all match.
 - If you would like to save a credit card on your account for use when you cannot be present, please fill out and return our Credit Card Authorization Form with your application. Credit card information is stored in a secure encrypted form.
 - **Credit card payments will not be accepted over the phone.**
- Option 4: **Credit Account**
 - We offer net 30 payment terms, contingent upon the approval of credit and trade references.
 - Complete the attached Credit Application and e-mail to accounting@wilcosupply.net.
 - Please allow 10 business days for processing. Another form of payment will be required until application is approved.
- Option 5: **Click2Pay** (online portal)
 - This online payment portal is available to delivery customers and those who have been approved for credit. Please contact accounting@wilcosupply.com for more information.

If you have any questions or concerns, please feel free to reach out at any time. We appreciate your business and look forward to working with you!

**WILCO GUTTER SUPPLY
NEW CUSTOMER APPLICATION**

Company/Billing Information

Company Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____

E-mail (for invoices & statements): _____ E-mail #2: _____

TaxExempt? Y / N Tax Exempt ID # _____ (Please provide Tax Exempt Certificate.)

Requested Payment Type: _____ (See included payment options and requirements.)

Ship To Information

Primary Ship To: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Notes: _____

Owner/Contact Information

Primary Contact: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____

E-mail: _____

*****Office Use Only*****

Salesperson: _____ Delivery day: _____

PL: _____ Direction: _____

Ship Code: _____

Notes: _____



PURCHASE ORDER AUTHORIZATION

Company Name: _____

Company Address: _____

Company Phone Number: _____

Main Contact: _____

Contact Title: _____

I, _____, state that I am over the age of eighteen, and am duly authorized on behalf of _____ (company name) to grant the following individuals authorization to present purchase orders to Wilco for the purchase of materials on behalf of _____ (company name):

1. _____
2. _____
3. _____
4. _____

I agree to notify Wilco in writing at accounting@wilcosupply.net or P.O. Box 33549, 1535 E. Naomi Street, Indianapolis, IN 46203, atten: A/R Department, of any changes to the above list of authorized individuals.

Company Name: _____

Signed Name: _____

Print Name: _____

Title: _____

Date: _____



CREDIT CARD PAYMENT & PURCHASE ORDER AUTHORIZATION

Company Name: _____
Company Address: _____
Company Phone Number: _____
Main Contact: _____
Contact Title: _____

I, _____, state that I am over the age of eighteen, and am duly authorized on behalf of _____ (company name) to grant Wilco Supply, Inc. authorization to use the credit card on file for our company to pay for all of our purchases.

I, _____, state that I am over the age of eighteen, and am duly authorized on behalf of _____ (company name) to grant the following individuals authorization to present orders to Wilco for the purchase of materials on behalf of _____ (company name):

1. _____
2. _____
3. _____
4. _____

I agree to notify Wilco in writing at accounting@wilcosupply.net or P.O. Box 33549, 1535 E. Naomi Street, Indianapolis, IN 46203, Attn: *AIR* Department, of any changes to the above authorizations.

Company Name: _____

Signed Name: _____

Printed Name: _____

Title: _____

Date: _____



CREDIT APPLICATION AND AGREEMENT

Date ____/____/____

Both pages of this application must be completed in full and signed by a corporate officer, partner, or owner.
This credit application is being submitted by: (Please print)

Company Name _____

Address _____ **City** _____ **State** _____

Zip _____ **Telephone** _____ **Fax** _____ **Cell** _____

E-mail Address _____ **Month/Year Business Started** _____

Type of Business _____ **Tax I.D. Number** _____

() Corporation Partnership () Proprietorship () Limited Partnership () Other

Line of credit desired? \$ _____

Names of Owners, Partners, or Officers:

Name	Title	Residence Address	Phone	Social Security #
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bank Reference:

Name of Bank _____ **Phone** _____

Branch Address _____ **Fax** _____

Loan Officer _____ **Bank Credit Line** _____ **Secured?** Yes ____ No ____

Personal Guaranty Yes ____ No ____ **Explain** _____

() Checking Account Number _____

() Savings Account Number _____

() Loan Account Number _____

Vendor References:

Name	Address	Phone/Fax/E-mail
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_____	_____	_____
_____	_____	_____
_____	_____	_____

TERMS AND CONDITIONS

It is agreed that buyer will pay in full within 30 days from date of invoice. In the event such payment is not timely made, buyer agrees to pay on all delinquent invoices interest at the rate of 1.75% (21% APR) together with any court costs and attorney's fees of not less than 25% of the unpaid amount of principal, interest, and costs of collection the seller may incur in enforcing the terms of this agreement, all without relief from valuation and appraisal laws. If legal action becomes necessary by either seller or buyer, it is agreed that this or any contemporaneous or subsequent agreement shall be governed as to validity, interpretation, construction, effect, and in all other respects by the laws of the State of Indiana, and jurisdiction and preferred venue shall be in Indianapolis, Marion County, Indiana.

The buyer further grants to the seller a security interest in buyer's equipment, contract rights, inventories, receivables, and proceeds of sales as collateral to secure the buyer's performance of all obligations. The buyer further authorizes the seller to file a financing statement without buyer's signature.

The buyer agrees to notify Wilco in writing of any changes to your business or changes in authorized personnel.

The buyer authorizes Wilco to contact any consumer reporting agency, all banks, credit, and trade references listed herein at any time to verify your credit standing and, hereby authorize them to release said information to Wilco.

Print Buyer's Name & Title Date ____/____/____ _____
Buyer's Signature

Print Buyer's Name & Title Date ____/____/____ _____
Buyer's Signature

In consideration of your extending credit at my request to _____

(herein referred to as the "company") of which I am _____ (title), I hereby absolutely and unconditionally PERSONALLY GUARANTEE the full and punctual payment of any obligation of the company and I hereby bind myself to pay your on demand any sum, including all costs of collection and reasonable attorney's fees, which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company, I do hereby waive acceptance of the guaranty, notice of demand, protest or default and consent to any modifications or renewal of the credit agreement hereby guaranteed. No delay on the part of the creditor in exercising any of creditor's options, powers, or rights shall constitute a waiver thereof. This guaranty shall ensure to the benefit of the creditor and its successors and assigns and shall be binding upon the successors and assigns trustees, executors, administrators, heirs, and beneficiaries of the undersigned. The undersigned agrees that in the event legal action becomes necessary, jurisdictions and preferred venue shall remain in Indianapolis, Marion County, Indiana.

Guarantor Date ____/____/____ _____
Guarantor Date ____/____/____

Social Security Number Social Security Number

ALL INFORMATION MAY BE VERIFIED

OFFICE USE ONLY

Line of credit approved _____ Approved by _____ Date ____/____/____