

CUSTOMER CREDIT APPLICATION



APQ

COMPANY NAME: _____

COMPANY ADDRESS: _____

CONTACT NAME/PHONE NUMBER/EMAIL:

PURCHASING: _____

ACCOUNTS PAYABLE: _____

CONTROLLER: _____

YEAR BUSINESS FOUNDED/TYPE OF BUSINESS: _____

ANTICIPATED MONTHLY PURCHASES: _____

REQUESTING CREDIT LIMIT OF: _____

OFFICERS:

NAME _____ TITLE _____ EMAIL _____

NAME _____ TITLE _____ EMAIL _____

NAME _____ TITLE _____ EMAIL _____

BANK REFERENCE:

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT: _____

DUN AND BRADSTREET NUMBER: _____

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APQ, LLC

N52 W13670 North Park Drive

Menomonee Falls, WI 53051

T. (1) 262 754.3883 • F. (1) 262 754.3993 • www.apqpower.com



TRADE REFERENCES:

- 1) COMPANY NAME: _____
ADDRESS: _____

PHONE: _____ FAX: _____
CONTACT NAME: _____
CONTACT EMAIL: _____

- 2) COMPANY NAME: _____
ADDRESS: _____

PHONE: _____ FAX: _____
CONTACT NAME: _____
CONTACT EMAIL: _____

- 3) COMPANY NAME: _____
ADDRESS: _____

PHONE: _____ FAX: _____
CONTACT NAME: _____
CONTACT EMAIL: _____

If you would be so kind as to provide us with the following information and return the completed form by fax to 262-754-3993, or email it to julie.burkart@apqpower.com we would be most grateful. If you should have any questions, please feel free to contact us by phone at:
262-754-3883

WE ASSURE YOU THAT THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.
Your immediate reply will be very much appreciated.

With best regards,

APQ, LLC

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