



P.O. Box 100, Butler, WI 53007
N50 W13941 Overview Drive, Menomonee Falls, WI 53051
Phone 262-783-8190 • Fax 262-783-8180

3255 Fernau Court, Oshkosh, WI 54901 * 920-456-8084 • Fax 920-456-8016
441 27th Street, Caledonia, WI 53108 * 262-901-0260 • Fax 262-732-4239
3830 Plover Road, Wisconsin Rapids, WI 54494 * 715-421-1239 • Fax 715-421-1238

Dear Sir or Madam,

We are pleased to provide you with an account application and look forward to doing business with you. Please complete the enclosed application and Personal Guaranty and return them to us at your earliest convenience.

If you are eligible for tax exemption, complete the enclosed Wisconsin Resale Certificate and return it for our files. If the Resale Certificate is not complete and your account is approved, it will be set up to automatically charge you any applicable state and county tax.

We request a Certificate of Insurance with a suggested minimum of \$500,000 in liability coverage to be furnished by your firm. Contact your insurance company and request that a certificate be sent to Monroe Equipment as soon as possible.

To comply with EPA Regulations, we also must have a refrigerant certification on file.

Please make sure all documents are signed and dated upon returning them.

You may email a copy of the completed application to LSwance@MonroeEquipment.com or fax a copy to (262) 783-8180 to expedite establishing an account. We do, however, request the originals be returned by mail to Monroe Equipment, Inc., P.O. Box 100, Butler, WI 53007.

Should you have any questions regarding our credit policy, please feel free to contact me.

Respectfully yours,

MONROE EQUIPMENT, INC.

Lisa Swance
Vice President of Finance

Enclosures



APPLICATION FOR ACCOUNT

(Incomplete Forms or Missing Paperwork Will Not Be Processed)

BUSINESS INFORMATION

LEGAL COMPANY NAME		
DBA (if different)		
BILLING ADDRESS		
SHIPPING ADDRESS		
PHONE #	FAX #	CELL #
COUNTY	EMAIL ADDRESS	
WEBSITE ADDRESS		PURCHASE ORDER # REQUIRED?
SALES TAX EXEMPT#	OWNERSHIP <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietor	
FEDERAL ID#	TYPE OF BUSINESS	YEAR ESTABLISHED
DESIRED CREDIT LIMIT		ANTICIPATED ANNUAL PURCHASES
PURCHASING CONTACT		ACCOUNTS PAYABLE CONTACT
PURCHASE TYPE(S) <input type="checkbox"/> Parts <input type="checkbox"/> Equipment: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> New Construction		
INVOICE DELIVERY METHOD (x ONE) <input type="checkbox"/> FAX _____ <input type="checkbox"/> EMAIL to: _____		

* Please attach or send in your Certificate of Insurance and Refrigeration Certification

OWNER/OFFICER INFORMATION

Name & Title	Home Address	Social Security #

BANK REFERENCE

Name of Bank	Officer Name	Phone
Address	Account #	

SUPPLIER REFERENCES

Name	Account #	Phone
Address		Fax
Name	Account #	Phone
Address		Fax
Name	Account #	Phone
Address		Fax

1 1/2% Service charges will be applied to invoices not paid by the 15th of the month following their due date, fees prorated on a daily basis after the 15th. Discounts taken on payments made beyond the discount date will be charged back.

I/we hereby authorize you, any credit bureau, or other investigative agency employed by you, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility. I/we hereby also agree to paying late payment charges of 1 1/2% per month (18% per annum) which will be charged on all amounts that are not paid by the first of the month following discount date, unless otherwise stated. I/we further agree to pay all collection costs and expenses, including reasonable attorneys' fees incurred by Monroe Equipment, Inc. if account is placed for collection. Should credit availability be granted by Monroe Equipment, Inc., all decisions with respect to the extension or continuation, shall be in the sole discretion of Monroe Equipment, Inc. Monroe Equipment, Inc. may terminate any credit availability i its sole discretion.

Signature _____ Title _____ Date _____
 Signature _____ Title _____ Date _____
 Signature _____ Title _____ Date _____

***ALL OFFICERS/OWNERS MUST SIGN THIS PAGE**

MONROE EQUIPMENT CUSTOMER CREDIT POLICY

1. A completed credit application is required prior to opening an account.
2. Personal Guarantees are required of all customers.
3. Liability Insurance Certificate shall accompany credit applications.
4. Credit limits will be reviewed periodically and adjusted according to customer performance.
5. No post-dated checks shall be accepted for a C.O.D. shipment.
6. Checks returned NSF from the bank shall be covered by certified check **before** the next shipment will be made (or NSF check has cleared). A \$20.00 fee will be applied to the account for any returned checks.
7. Monroe Equipment, Inc. reserves the right to close an account at their discretion.

TERMS OF SALE

- 1 ½% Cash discount if payment is received in our office between the 1st and 5th of the month following invoice date.
- ¾% Cash discount if payment is received in our office between the 6th and the 15th of the month following invoice date.
- NET If payment is received in our office between the 16th and the 25th of the month.
- 1 ½% Service charges will be applied to invoices not paid by the 15th of the month following their due date. Service charges will be prorated on a daily basis after the 15th.

Discounts taken on payments made beyond the discount date will be charged back.

OPTIONAL QUANTITY DISCOUNTS

- 3% Cash discount if payment is received in our office between 1st and the 5th of the month following invoice date when purchasing 6 major pieces of equipment. (Or 1 ½% if paid between 6th-15th).
- 5% Cash discount if payment is received in our office between 1st and the 5th of the month following invoice date when purchasing 12 major pieces of equipment. (Or 2 ½% if paid between 6th-15th).

Quantity discount not applicable to special quotes.

Account must be entirely current to take advantage of any discounts.



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Due to updated January 1, 2018 EPA section 608 regulations, we are required to have a refrigerant certification card on file for at least one of your primary employees. Please submit a copy of the card along with this completed form via one of the following methods:

Mail To:

Monroe Equipment Inc., Attn: Lisa Swance, PO Box 100, Butler, WI 53007

Email To:

LSwance@MonroeEquipment.com

Fax To:

262-783-8180

Dealer Name: _____

We employ at least one properly certified EPA Section 608 Technician.

Authorized Representative Completing Form (*please print name*): _____

Authorized Representative Signature: _____

Date Signed: _____

**** Please remember to send a copy of the refrigeration card with this form. It is the contractor's responsibility to notify us of any employment changes and update the card on file.***