



THE WYCO TOOL COMPANY

DIVISION OF RACINE FEDERATED INC.

Credit Application

****Please include a copy of your resale certificate****

Name of Company or Individual: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Website: _____

Name & e-mail address of person to receive price sheets and announcements. _____

Business Type (check one):

Corporation Partnership Individual Years at this address: _____

Name and Complete Address, Phone & Fax Numbers of Principal(s):

Bank Name, Address & Phone Number:

Are you willing to pay by credit card until credit is approved? Yes No

Duns # (Dun & Bradstreet) _____

If you do not have a Duns #, please provide 3 References.

Business Name, Address, Phone & Fax Number (Fax numbers required)

We certify that all the information on this form is correct. We understand your credit terms and agree to the proper payment in consideration of extended credit.

Signature: _____ Date: _____

Title: _____

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