

**LABUDDE GROUP, INC.**  
P.O. BOX 420, GRAFTON, WI 53024  
PHONE 262-375-9111  
FAX 262-375-9058  
Credit Application

**BUSINESS INFORMATION**

Legal Name \_\_\_\_\_

D/B/A \_\_\_\_\_

Street Address \_\_\_\_\_  
Street City State Zip Code County

Mailing Address \_\_\_\_\_  
Street City State Zip Code County

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Year Started \_\_\_\_\_ Federal Tax Number \_\_\_\_\_ Social Sec. No. \_\_\_\_\_  
DUNS Number \_\_\_\_\_

Type of Ownership:  
 Corporation President \_\_\_\_\_ Treasurer \_\_\_\_\_  
 Sole Proprietorship  
 Partnership Purchasing Agent \_\_\_\_\_ Accounts Payable \_\_\_\_\_

**BANK INFORMATION**

Primary Bank Name \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
Street City State Zip Code

Officer's Name \_\_\_\_\_ Account Number \_\_\_\_\_  Deposit  Loan

**TRADE REFERENCES**

Line of Credit requested \$ \_\_\_\_\_ Farm Plan Account # \_\_\_\_\_

Name of 1<sup>st</sup> Reference \_\_\_\_\_ Area Code/Phone ( ) \_\_\_\_\_  
City/State \_\_\_\_\_ Fax No. \_\_\_\_\_

Name of 2<sup>nd</sup> Reference \_\_\_\_\_ Area Code/Phone ( ) \_\_\_\_\_  
City/State \_\_\_\_\_ Fax No. \_\_\_\_\_

Name of 3<sup>rd</sup> Reference \_\_\_\_\_ Area Code/Phone ( ) \_\_\_\_\_  
City/State \_\_\_\_\_ Fax No. \_\_\_\_\_

Name of 4<sup>th</sup> Reference \_\_\_\_\_ Area Code/Phone ( ) \_\_\_\_\_  
City/State \_\_\_\_\_ Fax No. \_\_\_\_\_

*The above information is warranted to be true The applicant hereby authorizes a full and complete investigation by LaBudde Group, Inc. and understands that LaBudde Group, Inc. will not process a "charge" order until a signed credit agreement has been submitted.*

Company \_\_\_\_\_ Date \_\_\_\_\_

By: \_\_\_\_\_ Title \_\_\_\_\_