

Brewer Credit Information Form

Company Name:

Contact Name: Title:

Address:

City: State: Zip:

Phone: Fax: E-Mail:

Tax # Year Established:

The Brewer Company LLC
13901 Main Street
Menomonee Falls, WI 53051
P 262.251.9530
F 262.251.2332

A copy of your tax certificate is required for Distributor Set-Up. Please return with this completed form via fax to Brewer Accounting at fax # 262.251.1786.

Line of credit requested: Anticipated yearly purchases:

Chief Executive: Title:

Other: Title:

Please check one: Sole ownership Partnership Corporation

Name of your bank: Contact:

Address:

City: State: Zip Phone: Fax: Account#

Other References: Please provide three (3) companies you are now on open account with:

1) Name: Contact:

Address:

City: State: Zip:

Phone: Fax: Account#:

2) Name: Contact:

Address:

City: State: Zip:

Phone: Fax: Account#:

3) Name: Contact:

Address:

City: State: Zip:

Phone: Fax: Account#:

Thank you for submitting your credit references to become a distributor of Brewer products. A Brewer Representative will be contacting you shortly on your approval and further new customer information.