



MILLENNIUM
CONFIDENTIAL CUSTOMER PROFILE
SHEET

Accounting Department
120 S. Wright St
Delavan, WI 53115

Tel: 262-249-8705
Fax: 262-222-0398
Email: don@mtpllc.us

All information in this application is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Millennium to whom this application is made, to investigate the references listed pertaining to my/our credit and financial responsibility.

LEGAL NAME OF FIRM: _____

TRADE NAME (DBA): _____

DIV / SUBSIDIARY OF: _____

BILL TO:

SHIP TO ADDRESS

EMAIL: _____
PO BOX: _____
STREET: _____
CITY: _____
STATE/ZIP: _____

PHONE: _____ FAX: _____
IN BUSINESS SINCE:(YEAR) _____ FEDERAL ID#: _____

CHECK ALL THAT APPLY: ___CORPORATION ___PARTNERSHIP ___PROPRIETORSHIP

IF INCORPORATED, LIST OFFICERS OF CORPORATION:

NAME: _____ TITLE: _____ SS#: _____
NAME: _____ TITLE: _____ SS#: _____

IF NOT INCORPORATED, LIST NAME(S) OF OWNERS, HOME ADDRESS AND ZIP CODE:

NAME: _____ SS#: _____
ADDRESS: _____

NAME: _____ SS#: _____
ADDRESS: _____

ACCOUNTS PAYABLE SUPERVISOR: _____ EMAIL: _____

EMAIL ADDRESS FOR INVOICES: _____ MAIL ONLY

PHONE: _____ FAX: _____

PURCHASING AGENT: _____ EMAIL: _____

PHONE: _____ FAX: _____

TAX EXEMPT: YES _____ NO _____ If yes, please attach copy of sales tax cert.

CREDIT LIMIT REQUESTED: _____

ARE YOU LISTED IN D&B? _____ NO _____ YES D&B #: _____

IF YES, UNDER WHAT NAME: _____

REFERENCE INFORMATION

BANK: _____ **STREET ADDRESS:** _____
CITY: _____ **PHONE #:** _____
STATE/ZIP: _____ **CREDIT DEPT. CONTACT:** _____
ACCOUNT #: _____

I, _____ RESIDING AT _____ FOR AND
 IN CONSIDERATION OF EXTENDING CREDIT AT MY REQUEST TO (COMPANY)
 _____ (HEREINAFTER REFERRED TO AS "COMPANY"), OF WHICH I AM
 (TITLE) _____, HEREBY PERSONALLY GUARANTEE TO KYLE ENTERPRISES, LLC dba MILLENNIUM
 ("YOU"), AN LLC ESTABLISHED IN THE STATE OF WI, ALL PAYMENTS AND OBLIGATIONS OF THE COMPANY. I HEREBY
 AGREE TO BIND MYSELF TO PAY YOU ON DEMAND ANY SUM WHICH MAY BECOME DUE TO YOU BY THE COMPANY
 WHENEVER THE COMPANY SHALL FAIL TO PAY THE SAME. IT IS UNDERSTOOD THAT THIS GUARANTEE SHALL BE A
 CONTINUING AND IRREVOCABLE GUARANTEE AND INDEMNITY FOR SUCH INDEBTEDNESS OF THE COMPANY. I DO
 HEREBY WAIVE NOTICE OF DEFAULT/ NON-PAYMENT AND CONSENT TO ANY MODIFICATION OR RENEWAL OF THIS
 CREDIT AGREEMENT.

AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____

SOCIAL SECURITY NUMBER ("REQUIRED") _____ - _____ - _____

**APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY
 OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS AND CONDITIONS.**

***** BY SIGNING THIS APPLICATION YOU ARE ACKNOWLEDGING RECEIPT OF AND AGREEING TO THE ATTACHED TERMS
 AND CONDITIONS, DATED 1/1/17. ALSO, WITH YOUR BELOW SIGNATURE YOU ARE GIVING YOUR BANK AND THE
 OTHER ABOVE NOTED REFERENCES PERMISSION TO RELEASE YOUR CREDIT INFORMATION TO MILLENNIUM.*****

COMPANY NAME: _____ **DATE:** _____

BY: _____ **TITLE:** _____