



## *Goff's Enterprises, Inc.*

Manufacturers of the Original Goff Curtain Walls  
1228 Hickory Street • Pewaukee, Wisconsin 53072  
**Phone 800-234-0337 ext. 28 • 262-691-4998 • Fax 262-691-3255**  
**Email [scotta@goffscw.com](mailto:scotta@goffscw.com) • Web [www.goffscurtainwalls.com](http://www.goffscurtainwalls.com)**

To Whom It May Concern:

You are hereby authorized to release credit information about our account standing, credit line, and payment history to Goff's Enterprises. To be used explicitly for the establishment of a trade account and credit line. This information is to be kept in the strictest of confidence.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Account No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_



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## CREDIT APPLICATION

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ For Past \_\_\_\_\_ Years.

City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_

Shipping Address \_\_\_\_\_ Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_

D/B/A \_\_\_\_\_ Federal Tax ID Number \_\_\_\_\_

Former Business Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_ How Long in Business \_\_\_\_\_

Does State, County or City Require a License. \_\_\_\_\_

If Yes, License # \_\_\_\_\_

No. of Employees \_\_\_\_\_ Est. Annual Sales \_\_\_\_\_ Dun's No. \_\_\_\_\_

Sales Area \_\_\_\_\_

Has the firm or any of its principals ever filed for bankruptcy? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Mortgage Holder/Landlord \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Ownership** Sole Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Principal: \_\_\_\_\_

(Name) (Title) (SSN)

Home Address \_\_\_\_\_

Principal: \_\_\_\_\_

(Name) (Title) (SSN)

Home Address \_\_\_\_\_

Principal: \_\_\_\_\_

(Name) (Title) (SSN)

Home Address \_\_\_\_\_

**Trade References (Fax numbers are required)**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Bank Reference**    Checking # \_\_\_\_\_    Loan # \_\_\_\_\_    Savings # \_\_\_\_\_  
Name & Full Address \_\_\_\_\_  
Phone & Fax \_\_\_\_\_  
Contact Name \_\_\_\_\_

Authorized Signature for Bank Release **Required** \_\_\_\_\_

**Other Business Debts**

Name	Address	Balance Due
_____	_____	_____
_____	_____	_____

Person To Contact Regarding Account (Name & Title) \_\_\_\_\_

Applicant agrees to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees.  
The undersigned Will/Will Not Submit a financial statement.  
The undersigned as an inducement to grant credit warrants that the information submitted is true and correct.  
**Goff's Enterprises, Inc. is authorized to investigate the credit references listed above.**

Name	Title	Date
_____	_____	_____

**\* Please note that failure to fill out the application completely and accurately may result in our inability to approve credit or a delay in the processing of your application.**