



Goff's Enterprises, Inc.

Improving Profitability through Flexible Space Separation

700 Hickory Street • Pewaukee, Wisconsin 53072

Phone 800-234-0337 • 262-691-4998 • Fax 262-691-3255

Email sales@goffscw.com • Web www.goffscurtainwalls.com

Dear Sir or Madam,

Thank you for your interest in doing business with Goff's Enterprises Inc.

Attached please find the following documents that are required to be completed prior to acquiring open account terms.

1. Goff's Credit Application

Should you have a company credit application that would be acceptable.

The credit application must be signed and dated by an individual that is authorized to allow Goff's to investigate your bank and credit references.

2. Authorization Form

Please complete and have signed by an individual that is authorized to release credit information on behalf of your company, including your bank.

3. Accounts Receivable Invoice Option Form

4. Completed Contact Information Form

5. Resale or Tax Exempt Certificate, if applicable

We look forward to doing business with you.

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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 or Email _____

Name _____ Address _____
Phone _____ Fax or Email _____

Name _____ Address _____
Phone _____ Fax or Email _____

Name _____ Address _____
Phone _____ Fax or Email _____

Bank Reference Checking # _____ Loan # _____ Savings # _____
Name & Full Address _____
Phone & Fax or Email _____
Contact Name _____

Authorized Signature for Bank Release **Required** _____

Other Business Debts

Name	Address	Balance Due
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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
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*** 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.**



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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.

Company Name: _____

Signed: _____

Title: _____

Date: _____

Account No: _____



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Attention: Accounts Payable

Company Name: _____

Street Address: _____

City/State/Zip: _____

Dear Accounts Payable:

Goff's offers several options for receipt of invoices and monthly statements.

Please choose the option that best suits your company.

1. Continue receiving by mail _____

2. Receive by email ____, please indicate email address _____

3. Receive by fax ____, please indicate fax number _____ Attn: _____

Please return the completed form via mail to the address listed above, fax to 262-691-3255 or email to accounting@goffscw.com.

Thanking you for your response in advance.

Sincerely,

Candi A. Caya
Controller





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Contact Information

Customer Information

Company Name: _____
Street Address: _____
City, State, Zip Code: _____
Phone: _____ Fax: _____

Counties that your business & sales reps cover. List all that apply.

Industries (circle all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Government/School |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Car Wash |
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Food Processing |
| <input type="checkbox"/> Commercial/Retail | |

Sales Lead Contact Information

Contact Name: _____
Phone: _____ Fax: _____
Email: _____

Sales Contact Information (if different from above)

Contact Name: _____
Phone: _____ Fax: _____
Email: _____

Accounts Payable Contact Information

Contact Name: _____
Billing Address: _____
City, State, Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Invoicing Preference (circle all that apply): Mail Fax Email