



Horizon Poly Products LLC

RotoKAP – RotoKAN -- RotoKOOL

Subsidiary of Horizon Manufacturing Group LL

901 American Way, Lake Mills WI
P: 920.297.4030 F: 920.648.5069

Contact:
Melinda Kosnik or Scott Krausse

Dealer Credit Application

| | |
|----------------------|--------------------------|
| Legal Business Name: | Business Phone: |
| Street Address: | Business Fax: |
| Mailing Address: | Web Address: |
| City | Email: |
| State, Zip: | Year Business Organized: |

TYPE OF BUSINESS

Individual
 Partnership
 Corporation
 LLC

| | |
|---------------|-------------------------------|
| Federal ID #: | State Resale or Tax Exempt #: |
|---------------|-------------------------------|

INDIVIDUALS / PARTNERSHIP / OFFICERS

| | |
|--------|--------|
| Name: | Name: |
| Title: | Title: |
| SS #: | SS #: |
| Name: | Name: |
| Title: | Title: |
| SS #: | SS #: |

BANK CREDIT REFERENCE

| | |
|---------------------|--------------------|
| Bank: | Telephone: |
| Branch Address: | |
| Checking Account #: | Savings Account #: |

TRADE REFERENCES – Name of Major Suppliers

| | |
|-------------------|-------------------|
| Name: | Name: |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |
| Telephone: | Telephone: |
| Fax #: | Fax #: |
| Name: | Name: |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |
| Telephone: | Telephone: |
| Fax #: | Fax #: |

Horizon Poly Products LLC is authorized to obtain financial information on the above references.

By: _____
(Signature) (Title) (Date)

The undersigned Applicant represents and warrants that the information given on this credit application is given for the purpose of obtaining credit and is true and correct. The Applicants signature also attests financial responsibility, ability and willingness to pay all invoices in accordance with the "Terms and Conditions" shown below. In the event of default in the payment of any amount due, all reasonable costs of collection, including agency, attorney's fees and court costs incurred and permitted by laws governing these transactions will be paid by the Applicant.

Firm Name: _____

By: _____
(Signature) (Title) (Date)

****PLEASE FAX COMPLETED APPLICATION TO 920.648.5069 OR EMAIL TO orders@horizonmfggroup.com****

FOR OFFICE USE ONLY

Terms: _____

Credit Limit: _____

Corporate Approval: _____
(Signature)

Sales Representative: _____ Commission %: _____