



Quality Products. Lasting Performance.

## Credit Application

Date: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ / \_\_\_\_\_

Your company has requested a credit application. Any information received will be held in strict confidence.

Company History

Year Business Started: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Company Officers: \_\_\_\_\_ Title

\_\_\_\_\_ Title

\_\_\_\_\_ Title

Accounts Payable Contact: \_\_\_\_\_

Bank Information: Name \_\_\_\_\_

Account Rep: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please attach a sheet listing three business references. You must include the following information: name of company, address, phone number, fax number, and contact name.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please fax this form along with references to 847-428-0158

24 West End Drive, Gilberts, Illinois 60136

Phone: (847) 428-4455 • (800) 756-8794 • Fax: (847) 428-0158