

CREDIT APPLICATION

COMPANY NAME: _____

Address: _____

Phone: _____ Fax: _____

Contact (Name/Title): _____

ACCOUNTS PAYABLE

Contact: _____

Phone: _____ Email: _____

OTHER INFORMATION

Year Established: _____ # of Employees Phone: _____

Products Sold: _____

Areas Served: _____

Corporation: _____ Sole Proprieter: _____ Partnership: _____ Other: _____

REFERENCES

Bank Name: _____

Address: _____

Contact: _____ Account #: _____

Phone: _____ Fax: _____

TRADE REFERENCES

Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

*Thank you for taking the time to fill this form out. Please fax back to 847-265-9681.
For any questions, please call 800-541-8506 and contact the accounting department.*



Positive Feedback...Every Time