

CREDIT APPLICATION

Company Name: _____ Contact Name: _____

Street Address _____ City _____ State _____

Zip Code _____ Phone # _____ Fax # _____ Email _____

Federal Tax ID #: _____ Resale (Tax Exempt) #: _____

*If Tax Exempt, please attach a copy of Exemption.

Business Type: Sole Proprietorship Partnership Corporation:

Owners/Partners/Corporate Officers, with social security # for proprietorships or partnerships

Name 1 _____ Position _____ Home address _____

City _____ State _____ Zip Code _____ Social Security # _____

Name 2 _____ Position _____ Home address _____

City _____ State _____ Zip Code _____ Social Security # _____

Name 3 _____ Position _____ Home address _____

City _____ State _____ Zip Code _____ Social Security # _____

Years in Busines: _____ D & B #: _____ D & B Rating: _____

Person to Contact for Purchase Orders & Payments: _____

Please provide **three trade references**:

1) Company name: _____ Street Address _____

City _____ State _____ Zip Code _____ Contact Name _____

Phone # _____ Fax # _____ Email _____

2) Company name: _____ Street Address _____

City _____ State _____ Zip Code _____ Contact Name _____

Phone # _____ Fax # _____ Email _____

3) Company name: _____ Street Address _____

City _____ State _____ Zip Code _____ Contact Name _____

Phone # _____ Fax # _____ Email _____

Bank Reference Name: _____ Account #: _____

Contact at Bank: _____ Title: _____

Bank Phone #: _____ Bank Fax #: _____

The above information is used for credit purposes only and will remain confidential. By signing, you certify that the information you have provided is true to the best of your knowledge and you agree to pay 1.5% interest per month on all item 30 days past due. In the event payment of any invoice is not made when due, the entire balance billed on this account shall be immediately due and payable and, in the event such sum is submitted for third party collection, Company shall be responsible for the payment of all collection/attorneys fees and costs in the amount of 25% of all sums then unpaid. In the event proceedings are initiated to enforce this agreement, the parties agree that the City of Chicago, County of Cook and State of Illinois shall have exclusive jurisdiction and venue over all such proceedings.

Printed Name: _____ **Signature:** _____

Title: _____ Date: _____