



2120 Rand Road, Palatine, IL 60074

847.991.0900 Fax: 847.991.9768

APPLICATION FOR CREDIT

DATE: _____

NAME OF FIRM OR INDIVIDUAL: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

TELEPHONE #: () Fax : ()

TYPE OF COMPANY: _____

SALESMAN: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL AND WILL BE HELD IN THE STRICTEST OF CONFIDENCE.

CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____
PRINCIPAL OWNERS AND OFFICERS:

BANK NAME: _____ BANK OFFICER: _____

ADDRESS: _____ PHONE #: _____

LENGTH OF TIME IN BUSINESS: _____ P.O. NEEDED ? _____

NUMBER OF PIECES OF EQUIP. SERVICED: _____

SALES TAX OR ICC # : _____ AVG. PURCHASES: _____

HAVE YOU EVER FILED BANKRUPTCY? _____

PERSON(S) AUTHORIZED TO PURCHASE: _____

CREDIT REFERENCES: PLEASE GIVE FULL MAILING ADDRESS, TELEPHONE AND FAX NUMBERS. INCLUDE TWO PARTS OR SERVICE REFERENCES.

1 COMPANY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE: () _____ FAX: () _____

2 COMPANY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE: () _____ FAX: () _____

3 COMPANY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE: () _____ FAX: () _____

**APPLICANT'S SIGNATURE ATTEST FINANCIAL RESPONSIBILITY & WILLINGNESS TO PAY OUR INVOICE IN ACCORDANCE WITH THE FOLLOWING TERMS:
INVOICE NET 30 DAYS FROM THE INVOICE DATE. INTEREST AT THE RATE OF 1.5% WILL BE CHARGED ON PAST DUE ACCOUNTS.**

FIRM NAME: _____

BY: _____ TITLE: _____