



**Serving Lake and McHenry
Counties for over 50 Years**

Application For Credit

Company Name: _____

Business Address: _____

Mailing Address: *(If Different)* _____

Phone: _____ Fax: _____ E-Mail _____

Type of Business: _____ Fein #: _____

Type Of Organization: Corporation Partnership Government Sole Proprietor

Year Started: _____ Years At Present Location: _____

Officers>Name	Address	Title	Phone #
1)			
2)			
3)			

Bank References>Name	City & State	Contact	Account #	Phone #
1)				

Trade References>Name	City & State	Fax #	Phone #
1)			
2)			
3)			
4)			

Credit Limit Requested: _____

The signature below authorizes the release of the above information regarding bank and trade references, as well as credit card use as designated by the customer. Also in making this application for credit the customer agrees to pay all invoices within set terms from date of invoice and to pay a service charge of 1½% per month, which is an annual percent of 18% on all overdue balances. In the event a suit is necessary to collect any amount, the customer agrees to pay the seller's reasonable attorney fees and costs including attorney fees for appeal.

Signed: _____ Title: _____ Date: _____
(Officer Or Owner)

Printed Name: _____

**All Applicable taxes apply unless otherwise indicated-Small order deliveries subject to service charges.*

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