



Credit Application

Telephone: (630) 257-3500

Fax: (630) 257-3583

14503 Gougar Road Unit 1

Lockport, IL 60491

Company: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

Main Contact: _____ Phone: _____ Email: _____

Type of Business: Sole Owner () Partnership () Corporation ()

Years in Business: _____

FEIN/SS#: _____

Illinois/Wisconsin Taxable?: () Yes () No*

*If Tax Exempt, please provide Tax Resale/Exempt Information

*If Tax Exempt in Wisconsin, please provide County

| PARTNERS OR CORPORATE OFFICERS | |
|---------------------------------|-------------------------|
| 1) President | Email: _____ |
| 2) Vice President | Email: _____ |
| 3) Treasurer | Email: _____ |
| 4) A/P Contact <i>*required</i> | Email: <i>*required</i> |

| BANK REFERENCE | | |
|------------------------------|----------------|-----------------|
| Bank Name and Address: _____ | | |
| Contact Name: _____ | Phone #: _____ | Account # _____ |

| TRADE REFERENCES | |
|---|--------------|
| Names/ Email Addresses | |
| For the most immediate results, please provide an email address for the Accounting Dept. of your reference. Applications without this information result in delays. Thank you. | |
| 1) _____ | Fax # _____ |
| Email address: <i>*required</i> | |
| 2) _____ | Fax #: _____ |
| Email address: <i>*required</i> | |
| 3) _____ | Fax #: _____ |
| Email address: <i>*required</i> | |

I certify that the above information is true and is to be used only for the opening of an account.

Authorized Signature _____ Title _____ Date _____