



67 E. Madison • Suite 1606 • Chicago, IL 60603
Phone 312-332-0990 • Toll Free 800-621-2185 • Fax 312-332-2914

Credit Application

Business Name: _____

Business Address: _____

City, State, Zip: _____

Business Telephone # (_____) _____ Contact: _____

Fax Number # (_____) _____

Type of Company: Individual Ownership Partnership Corporation

Type of Business: Retail Wholesale Manufacturer

Length of time doing business under present name: _____

Length of time at this address: _____

Resale certificate # _____

Credit Line requested: \$ _____ Terms Requested: _____

Principals: (Owner -- Partners -- Officers)

Name	Title	Social Security No.
1. _____	_____	_____
2. _____	_____	_____

Bank References:

1. _____	_____	_____
(name)	(address)	(bank account no.)
2. _____	_____	_____
(name)	(address)	(bank account no.)

Credit References:

1. _____	_____	_____	_____
(company)	(address)	(contact person)	(phone)
2. _____	_____	_____	_____
(company)	(address)	(contact person)	(phone)
3. _____	_____	_____	_____
(company)	(address)	(contact person)	(phone)
4. _____	_____	_____	_____
(company)	(address)	(contact person)	(phone)
5. _____	_____	_____	_____
(company)	(address)	(contact person)	(phone)