



CREDIT APPLICATION

Please fill out form in its entirety

Items marked with * are required application will not be processed with missing information

COMPANY INFORMATION

Date: _____

*Credit Amount Requested: _____

*Business Legal Name _____

dba _____

*Address _____

*Phone # (____) _____ Fax # (____) _____

*Email (required) _____

*Type of Business: ____Retail ____Wholesale ____Mail Order

*Federal Tax ID# (if incorporated) _____ or SS# _____

(Attach signed W9)

*Signature

*Print Name

Email

*Title/Position

We certify that all information on this form is correct. We fully understand your credit terms (terms are net 30 days f.o.b. Chicago, initial order pre-paid) and agree to the proper payment in consideration of extended credit. In the event of a default, any and all additional costs incurred as a result will be our responsibility.

OWNERSHIP

*Company type: __ corporation __ partnership __sole proprietorship

*Established (month/year) _____

*Name(s) of principal(s) _____



1. Name _____ Phone # (____) _____

Address _____

2. Name _____ Phone # (____) _____

Address _____

Proprietor Authorization: (for sole proprietorships or partnerships)

I authorize your company or its agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize your company to request and obtain consumer credit reports on me.

***Authorized Signature(s)**

***Title/Position**

***BANK INFORMATION**

1. Name _____ Branch _____

Address _____ Account # _____

_____ Phone/Fax # _____

Contact Name _____ Email _____

2. Name _____ Branch _____

Address _____ Account # _____

_____ Phone/Fax # _____

Contact Name _____ Email _____



***BOOK TRADE REFERENCE**

1. Name _____ Max. Credit _____
Address _____ Phone/Fax # _____
_____ Acct # _____
Contact Name _____ Email _____

2. Name _____ Max. Credit _____
Address _____ Phone/Fax # _____
_____ Acct # _____
Contact Name _____ Email _____

3. Name _____ Max. Credit _____
Address _____ Phone/Fax # _____
_____ Acct. # _____
Contact Name _____ Email _____

4. Name _____ Max. Credit _____
Address _____ Phone/Fax # _____
_____ Acct # _____
Contact Name _____ Email _____

Accounts Payable Contact

Name _____ Email _____
Title _____ Phone _____