



2315 W. Hubbard St., Chicago, IL 60612
(312) 229-7550 fax (312) 421-6327

Credit Dept. Use Only	
Aprvd _____	Date _____
Credit Limit _____	
Agent _____	

CREDIT APPLICATION

Legal/Trade Name _____ Date _____

Shipping Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Billing Address _____

City _____ State _____ Zip _____

Email Address or Fax for Invoicing _____

Type of Account: Corporation Partnership Proprietorship

Officers or Owners _____

If Branch, List Parent _____

Years in Business _____ AP Contact _____

Bank Reference _____ Bank Officer _____

Phone _____ Account No _____

TRADE REFERENCES

1. Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

2. Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

3. Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

4. Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Information furnished by _____

***To ensure your desired credit limit, please attach a copy of your current Financial Statement.
(Financial information will be held in strict confidence.)***

