



16 Stonehill Road • Oswego, IL 60543

# CREDIT APPLICATION

Phone: (630) 554-8448

Fax: (630) 554-8453

Name of Applicant			Phone
Company Name			Fax
Address			Email
City	State	Zip	Web Address

Corporation   
 Partnership   
 Individual   
Resale No. \_\_\_\_\_

1. \_\_\_\_\_  
Name of Principal(s)                      Address                      Phone

2. \_\_\_\_\_  
Name of Principal(s)                      Address                      Phone

Bank Name	Address	Phone
Account Number	Bank Officer	Fax

## Credit References

1. \_\_\_\_\_  
Name(s)    Phone

\_\_\_\_\_  
Address    Fax

2. \_\_\_\_\_  
Name(s)    Phone

\_\_\_\_\_  
Address    Fax

3. \_\_\_\_\_  
Name(s)    Phone

\_\_\_\_\_  
Address    Fax

We certify that the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. The below named individual gives permission for the release of bank and credit information and will be responsible for all fees.

Date: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature