

**CORPORATE OFFICE**  
**P.O. BOX 4141, 4425 ENTERPRISE DR.**  
**BARTONVILLE, IL 61607**  
**(309) 697-8200**  
**FAX: (309) 697-8205**  
**1-800-728-8213**

**CHAMPAIGN OFFICE**  
**1304 N. MCKINLEY**  
**CHAMPAIGN, IL 61821**  
**(217) 398-5900**  
**FAX: (217) 398-8344**  
**1-888-554-4800**

CREDIT APPLICATION

Company Name \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Type of Business Corporation \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Tax ID# \_\_\_\_\_

Operations Contact \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Accounts Payable Phone Number \_\_\_\_\_

Accounts Payable Fax Number \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

Bank Reference \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

Trade Reference \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

Trade Reference \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

Trade Reference \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

Note: All invoices are to be paid in full within 30 days of shipment delivery. If, for any reason, the invoice(s) are not paid within the terms of this agreement, when placed in the hands of an attorney or agency for collections, vendor agrees that any attorney fees and expenses incurred in the collection process or enforcement of this agreement, shall be in addition to any balance due and payable.

Signature of officer \_\_\_\_\_

Please print name \_\_\_\_\_