



Meyer® 847-918-0111 phone  
847-918-8183 fax

# Application For Open Credit Account

File No. 875-C-005  
Effective: 9-11-07

Date: \_\_\_\_\_ Information Given By: \_\_\_\_\_  
 Name in Full or Individual: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date Established: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Individually Owned: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
 State of Incorporation: \_\_\_\_\_ Year of Incorporation: \_\_\_\_\_ Is this company a branch or division of another company? \_\_\_\_Yes \_\_\_\_No  
 If Yes, Name and Address: \_\_\_\_\_  
 Are purchase orders required? \_\_\_\_Yes \_\_\_\_No Are you taxable? \_\_\_\_Yes \_\_\_\_No If no, please send us your tax certificate  
 Purchasing Contact: \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_  
 Are you listed in Dun & Bradstreet? \_\_\_\_Yes \_\_\_\_No Dun & Bradstreet No.: \_\_\_\_\_  
 Expected Annual purchase volume: \_\_\_\_\_ Credit line requested: \_\_\_\_\_

**BANK REFERENCE:** We authorize the bank to provide requested account information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Account Officer: \_\_\_\_\_  
 Checking Acct. No. \_\_\_\_\_ Loan No.: \_\_\_\_\_ Authorizing Signature: \_\_\_\_\_

**TRADE REFERENCES:** (Suppliers Only)

Company Name: \_\_\_\_\_ Account No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Account No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Account No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**TERMS AND CONDITIONS OF SALE**

- Our terms are net 30 Days. a) Any problems or disputed invoices must be reported to our accounting department within 25 days of invoice date.
- This agreement is a contract and is performable and enforceable in Lake County, Illinois.
- a) We must be advised of all merchandise returns within 10 days of shipment. b) A return authorization # must accompany all returns. Call your salesperson for return authorization. c) Your shipping label must have our return authorization number clearly marked. d) Unless there is a shipping error on our part, the customer retains the obligation for freight charges on the original shipment. e) The customer is responsible for all return freight charges. f) There is a 15% restocking charge assessed on all returned merchandise. g) All merchandise to be returned must be received by us no more than 15 days from the date the authorization # is issued. h) Please contact your salesperson if you have any questions about returns.

In consideration of credit extended I (we) guarantee full and prompt payment, according to the terms granted, of all invoices rendered. I (we) agree to pay all past due indebtedness interest at the rate of 1 1/2% per month. If my (our) account is placed in the hands of an attorney or collection agency for collection, or if collection is made through bankruptcy or probate proceedings, I (we) agree to pay a reasonable amount in attorney or collection agency fees on both the principal and interest charged. All charges are due and payable in full at: 1700 Franklin Blvd. Libertyville, IL 60048. I (we) agree to furnish additional financial statements and individual job credit information as requested. I (we) verify that all information supplied in this credit application or any other requested document is correct.

Applicant's Signature: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Officer's Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CREDIT DEPARTMENT USE ONLY:**

Date Proc.	Approved Yes No	Credit Limit	Acct. No.	Terms

Check here if COD or CBS is acceptable until credit is approved. Credit procedures normally take three to four weeks to complete.

\*\* Prices and Terms subject to change without notice.