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

Application For Open Credit Account

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

Name in Full or Individual! Telephone: Date Established: Malling Address: Shipping Address: State of Incorporation: Year of Incorporation: Is this company a branch or division of another company? YesNo If Yes, Name and Address: Are purchase orders required? YesNo Are you taxable? YesNo If no, please send us your tax certificate Purchasing Contact:	
Individually Owned: Partnership: Corporation: Nature of Business: State of Incorporation: Year of Incorporation: Is this company a branch or division of another company? YesNo If Yes, Name and Address: Are purchase orders required? YesNo Are you taxable?YesNo If no, please send us your tax certificate Purchasing Contact:	
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If Yes, Name and Address: Are purchase orders required?YesNo Are you taxable?YesNo If no, please send us your tax certificate Purchasing Contact:	
Are purchase orders required? Yes No Are you taxable? Yes No If no, please send us your tax certificate Purchasing Contact:	
Purchasing Contact: Account Stayable 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: Address: Account Officer: Checking Acct. No. Loan No: Authorizing Signature: TRADE REFERENCES: (Suppliers Only) Company Name: Account No.: Address: City: State: Zip: Country: Phone: TERMS AND CONDITIONS OF SALE 1. 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. 2. This agreement is a contract and is performable and enforceable in Lake County, Illinois. 3. a) We must be advised of all merchandise returns within 10 days of shipment. b) A return authorization # must accompany all returns. Call your salespers authorization. c. y Your shipping label must have our return authorization number clearly marked. d) Unless there is a shipping error on our part, the customer 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 asses 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 or	
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: Account Officer: Checking Acct. No. Loan No: Authorizing Signature: TRADE REFERENCES: (Suppliers Only) Company Name: Account No.: Address: City: Fax: Company Name: Account No.: Address: City: State: Zip: Country: Phone: Gity: State: Zip: Country: Phone: Account No.: Address: City: State: Zip: Country: Phone: Account No.: Address: City: State: Zip: Country: Phone: Account No.: Address: City: State: Account No.: Account No.: Address: City: State: Account No.: Account No.: Address: City: State: Account No.: Account No.: Account No.: Address: City: Country: Phone: Texmis and account No.:	
Expected Annual purchase volume: Credit line requested:	
BANK REFERENCE: We authorize the bank to provide requested account information Name: Phone:	
Name:	
Address:	
Checking Acct. No. Loan No: Authorizing Signature: TRADE REFERENCES: (Suppliers Only) Company Name: Account No.: Address: City: State: Zip: Country: Phone: Fax: Account No.: Account No.: Account No.: Account No.: Address: City: State: Zip: Country: Country: Phone: State: Zip: Country: Phone: Account No.: Account No.: Address: City: State: Zip: Country: Country: Phone: Fax: Company Name: Account No.:	
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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 pages to page to pay all pages to page to pay all pages to page	st due
indebtedness interest at the rate of 1 ½% 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 char	ed. 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 of	edit
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:	
FOR CREDIT DEPARTMENT USE ONLY: Title:	
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	