



100 Lexington Drive Suite 202  
Buffalo Grove, IL 60089  
MC 297666

**APPLICATION FOR CREDIT**

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*Please complete and return via fax - to 847 403 7258 (Records Department)*

**Legal Name of Business:**

**DBA (if Applicable):**

**Physical Address:**

**Phone:**  
**Fax:**  
**Email:**

**Federal Employer ID #:**

**PACA License # (if Applicable):**

**Dunn & Bradstreet #:**  
**Additional D&B #'s (if Applicable):**

**Type of Entity and Owners Names (S or C Corporation, LLC, Sole Proprietorship):**  
*\*All detail required*

<b>Name:</b>	<b>Name:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Email Address:</b>	<b>Email Address:</b>
<b>Primary Business Address:</b>	<b>Primary Business Address:</b>

<b>Name:</b>	<b>Name:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Email Address:</b>	<b>Email Address:</b>
<b>Primary Business Address:</b>	<b>Primary Business Address:</b>

**Business Start Date:**  
**Nature of Business:**

**Affiliated Businesses:**

<b>Bank Name:</b>	<b>Bank Contact:</b>
<b>Bank Address:</b>	<b>Bank Phone:</b>
	<b>Bank Fax:</b>

<b>References:</b>	<b>Contact Person:</b>
<b>Address:</b>	<b>Phone:</b>
	<b>Fax:</b>
<b>Email:</b>	<b>Services Provided:</b>

<b>References:</b>	<b>Contact Person:</b>
<b>Address:</b>	<b>Phone:</b>
	<b>Fax:</b>
<b>Email:</b>	<b>Services Provided:</b>

<b>References:</b>	<b>Contact Person:</b>
<b>Address:</b>	<b>Phone:</b>
	<b>Fax:</b>
<b>Email:</b>	<b>Services Provided:</b>

<b>References:</b>	<b>Contact Person:</b>
<b>Address:</b>	<b>Phone:</b>
	<b>Fax:</b>
<b>Email:</b>	<b>Services Provided:</b>

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**Authorization (Must Be Signed By Officer of Company)**

The undersigned authorizes inquiry as to credit information. In addition the undersigned certifies that all information contained in this form is true and correct in all respects. The undersigned agrees to the credit terms of 21 days from delivery of goods.

<b>Name of Company</b>
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<b>By:</b>	<b>(Printed Name)</b>
	<b>(Signature)</b>

<b>Its:</b>	<b>(Title)</b>
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<b>Date:</b>
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