



**1269 E. GOLF ROAD, DES PLAINES, IL 60016  
CREDIT APPLICATION**

**1. Company Information**

Full Legal Name/Business Entity	Phone #
Doing Business As (DBA)	AP Contact name
Billing Address	City State Zip
Company Type: Proprietorship Partnership Franchise Corporation Other:	
Year Business Established	Type of Business Resale #
Federal Tax ID	State of Incorporation Fax #
E-Mail Address(es):	Requested credit amount

**2. Owner Information**

Full Name (including middle initial)	Title	Social Security #
Home Address	City State Zip	Phone #

**3. Bank References**

Bank Name	Contact	Number of years doing business with this company
Address	City State Zip	Phone # Fax # or Email

**GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE**

1. Net 30 days. All accounts past due 30 days will be placed on hold until balance is paid in full.
2. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit Department.
3. Agreement to pay a service charge of 1.5% per month (18% annual rate) added to accounts unpaid after due date.

**PERSONAL GUARANTY**

I, \_\_\_\_\_ (Guarantor), having a financial interest further guarantees the collection of the obligation herein before mentioned, including any interest that may accrue thereon, upon condition, however, that in the event of the default of payment of said obligation.

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

I have read the terms and conditions stated and agree to all of these terms and conditions.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**DES PLAINES MATERIAL & SUPPLY**

1269 E. GOLF ROAD  
 DES PLAINES, IL 60016  
 Ph: 847-824-4149 Fax: 847-298-3704  
 Email: sales@desplainesmaterial.com

\*PLEASE FILL OUT THIS FORM IN ITS ENTIRETY

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1269 E. GOLF ROAD  
DES PLAINES, IL 60016  
PH: 847-824-4149      FAX: 847-298-3704

**CREDIT REFERENCE REQUEST**

To: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Fax: \_\_\_\_\_  
\_\_\_\_\_

The following customer has listed you as a credit reference. We would appreciate it if you would complete this form and return it to us via fax at 847-298-3704. Thank You.

**CUSTOMER REQUESTING REFERENCE:**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**REFERENCE INFORMATION:**

Date account opened: \_\_\_\_\_  
Terms: \_\_\_\_\_  
Average days to pay: \_\_\_\_\_  
Current balance: \_\_\_\_\_  
NSF History: \_\_\_\_\_

Additional comments or  
information: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
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