

# CREDIT APPLICATION FOR OPEN ACCOUNT

COMPANY NAME: \_\_\_\_\_

BILL-TO ADDRESS: \_\_\_\_\_

Residential

Non-Residential

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CORPORATION  PARTNERSHIP  PROPRIETORSHIP: SS#: \_\_\_\_\_

YEAR ESTABLISHED: \_\_\_\_\_ LENGTH OF TIME AT PRESENT LOCATION: \_\_\_\_\_

PRIMARY TYPE OF BUSINESS: \_\_\_\_\_

SECONDARY TYPE OF BUSINESS: \_\_\_\_\_

FEDERAL I.D.#: \_\_\_\_\_ RESALE TAX#: \_\_\_\_\_

BRANCH LOCATIONS (if any): \_\_\_\_\_

NAMES & TITLES OF KEY PERSONNEL: \_\_\_\_\_

**PLEASE SUBMIT 5 TRADE REFERENCES WITH WHICH  
YOU HAVE ESTABLISHED A CREDIT HISTORY**  
*\*not providing a fax number may delay approval*

1. \_\_\_\_\_  
Company

Street Address

City State Zip

Phone \*Fax

2. \_\_\_\_\_  
Company

Street Address

City State Zip

Phone \*Fax

3. \_\_\_\_\_  
Company

Street Address

City State Zip

Phone \*Fax

4. \_\_\_\_\_  
Company

Street Address

City State Zip

Phone \*Fax

5. \_\_\_\_\_  
Company

Street Address

City State Zip

Phone \*Fax

## CONDITION OF SALE:

Invoice is due within 30 days of receipt.

Account will be placed on a "cash only" basis if check is returned from the bank or payment is past due for more than 90 days.

My signature on the application authorizes our banks, creditors, and credit reporting agencies to release information to you. We further agree to abide by the terms stated in your invoices and on price list and agree in the event of default, to pay all reasonable costs of collection and/or attorney fees and court costs for trial, post judgement and appellate proceedings as applicable under the laws in the state of Illinois.

X

Signature of responsible officer Date

*The information provided to us will be kept strictly confidential. Your order cannot be processed without a fully-executed application.*



**Primescape Products**

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