

# Elite Architectural Metal Supply LLC

P.O. Box 1301 Elk Grove Village, IL 60009

847-636-1233 Voice 847-516-1388 Fax

## CREDIT APPLICATION

### BILLING/SHIPPING INFORMATION

Official Company Name: \_\_\_\_\_

Bill to: \_\_\_\_\_ Ship to: (if different) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_ A/P Fax: \_\_\_\_\_

### BUSINESS INFORMATION

Check One: ( ) Corporation ( ) Partnership ( ) Proprietorship ( ) Subsidiary of or ( ) Division of \_\_\_\_\_

Years in Operation: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Net Worth \_\_\_\_\_

D&B #: \_\_\_\_\_ Sales Per Year \_\_\_\_\_

President/CEO: \_\_\_\_\_ Treasurer/Controller: \_\_\_\_\_

VP/Finance: \_\_\_\_\_ A/P Manager: \_\_\_\_\_

### BANK INFORMATION

Bank: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_

### TRADE REFERENCES

Reference 1: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Reference 2: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Reference 3: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

### CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION

Attention Bank and Trade References: Please provide information on all accounts listed as well as any loan information. You will be serving your interest best if you provide the information by fax. Thank you.

I/We hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns etc., as you deem necessary.

Prepared by (signature) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

You must provide us with copies of all tax exemption certificates