



## Application For Credit Terms

Company Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, ST Zip \_\_\_\_\_

For Internal Use Only	
Date Rec'd:	_____
Completed:	Yes No (Circled one)
<input type="checkbox"/> Approved <input type="checkbox"/> Declined by:	_____
Credit Limit:	_____
Processed By:	_____
Profile Built by:	_____

Please print or type this application and sign at the bottom. If billing address is different than above please correct.

Business Established: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Years at address \_\_\_\_\_  
 Contact Responsible for Account: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_  
 Purchaser/Buyer: \_\_\_\_\_ Phone: \_\_\_\_\_ Maximum Credit Applied For: \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_ Estimated Annual Sales: \_\_\_\_\_ Circle one: Own or Rent Building  
 Are you Tax Exempt? No or Yes (Include Resale or Tax Exemption Certificate)  
 Have you ever had an account with us? \_\_\_\_\_ Name on old account (If different) \_\_\_\_\_

**Individual/Sole Proprietorship**  **Partnership** (Info on Both Partners Needed)

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Social Security No. \_\_\_-\_\_\_-\_\_\_ Social Security No. \_\_\_-\_\_\_-\_\_\_

**Corporation**  **LLC or Other:** \_\_\_\_\_

Legal Corporate Name: \_\_\_\_\_ Federal Tax ID #: \_\_\_-\_\_\_\_\_-\_\_\_\_

Full Names & Home Addresses of Two Officers

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

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**Manufacturer of Quality Cargo Control Products**  
 640 Church Rd Elgin, IL 60123  
 www.cargoequipmentcorp.com  
 Phone: 847-741-7272  
 Fax: 847-742-1820



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### Bank Reference

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

Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Officer/Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ ext. \_\_\_\_ Fax: \_\_\_\_\_

### Trade References (3 Required)

Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Yrs of Relationship: \_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Yrs of Relationship: \_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Yrs of Relationship: \_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Terms & Conditions

Upon credit approval, I/we individually and/or collectively promise to pay invoices according your terms, which are **Net 30 Days**. All overdue unpaid balances will be charged a finance charge of 1.5% per month, which is 18% for 12 months. If our account is not paid in full when due, orders may be shipped on a C.O.D. basis. I/we further assume responsibility for all bills contracted in my/own name at the above address and designate the following named persons as the authorized agents of the undersigned until written notice to the contrary is given. Also, in the event it becomes necessary for your company to incur collection costs or institute suit t collect under this agreement, or any portion thereof, the undersigned promises to pay all the collection costs, court costs and attorney fees of the standard hourly rate charged by our attorney.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



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