



401 E Third Street, Kewanee IL 61443
Phone: 309-852-2611 – Fax 309-856-6001

CREDIT APPLICATION

Business Name: _____ Years in Business: _____

Street Address : _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Fax _____ Cell: _____

Type of Business: _____

Incorporated: _____ Partnership _____ Sole Proprietor: _____ Other: _____

Type of Business: _____

Tax I.D/S.S #: _____

If you ever have operated your company under a different name, please list those names, and dates of operation: Name: _____ Dates: _____

Have you ever filed Chapter 11 Bankruptcy? Yes _____ No _____ If yes, when? _____

Do you have any unsatisfied judgments? Yes _____ No _____ If yes, explain:

Please list three (3) business references:

Name: _____ Business Relationship: _____ Phone: _____

Name: _____ Business Relationship: _____ Phone: _____

Name: _____ Business Relationship: _____ Phone: _____

Business bank account information:

Financial Institution: _____

Contact at Financial Institution: _____ Phone No. _____

Account # _____ Type of Account: _____

Please list the principles of your business:

President: _____ Vice-President: _____

Secretary/Treasurer: _____

I am aware that the net is due 20 days from the billing date, and any remaining balance after this date is subject to a finance charge. I am also aware that any account older than 60 days will place my account on a COD status until current. I authorize access to my financial institution and business references for the above credit purposes.

Signature: _____ **Date:** _____