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| PLEASE RETURN TO Central Ink CorporationSHEILA.LEWIS@CICINK.COM**CREDIT APPLICATION** |
| BUSINESS CONTACT INFORMATION |
| Title: GM |
| Company name: ABC Company |
| Phone: (630) 231-6500 | Fax: (630)231-6585 | E-mail: GM@ABCcompany.com |
| Registered company address: 1100 N Harvester Road |
| City: West Chicago | State: IL | ZIP Code: 60185-0000 |
| Date business commenced: 1933 |
| Sole proprietorship: |  |  | Partnership: |  |  | Corporation: | ✔ |  | Other: |
| BUSINESS AND CREDIT INFORMATION |
| Primary business address: 100 N Harvester Road |
| City: West Chicag | State: IL | ZIP Code: 60185-0000 |
| How long at current address? 15 years |
| Telephone: (630) 231-6500 | Fax: (630) 231-6585 | E-mail: Sarah.winter@cicink.com |
| Bank name: American Chartered |
| Bank address: 123 Water Street | Phone: (630) 132-4567 |
| City: West Chicago | State: IL | ZIP Code: 60185 |
| Type of account Business checking | Account number |
| Savings |  |
| Checking | 1234567890 |
| Other |  |
| BUSINESS/TRADE REFERENCES |
| Company name: Lawter |
| Address: 341 Trade Street |
| City: West Chicago | State: IL | ZIP Code: 60185 |
| Phone: (630) 123-4567 | Fax: (630) 456-9871 | E-mail: Lawter@TJ.com |
| Type of account: Open |
| Company name: Sherwin Williams |
| Address: 988 Williams Ave |
| City: West Chicago | State: IL | ZIP Code: 60185 |
| Phone: (630) 568-9877 | Fax: (630) 225-5811 | E-mail: swilliams@sherwin.com |
| Type of account: Open |
| Company name: Neville Chemical |
| Address: 695 Espresso Lane |
| City: West Chicago | State: IL | ZIP Code: 60185 |
| Phone: (630) 698-5591 | Fax: (630) 598-5552 | E-mail: moca@nchemical.com |
| Type of account: Open |
| AGREEMENT |
| 1. By submitting this application, you authorize Central Ink Corp. to make inquiries into the banking and business/trade references that you have supplied.
2. I agree to comply with established credit terms. In case of non-compliance with these terms, Central Ink Corp reserves the right to stop all shipments of goods and to demand immediate payment in full of the account balance.
3. Please see Terms and Conditions Attached
4. Claims arising from invoices must be made within seven working days.
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| SIGNATURES |
| Title: Date: | Title: Date: |