



8270 Austin Ave Morton
Grove, Illinois 60053

COMMERCIAL CREDIT APPLICATION

Fire-rated, Specialty Mirror & Architectural Glass Fabrication

Please note remittance address: P.O. box 8499 Northfield IL 60093

APPLICATION INFORMATION

Date: _____

Company Name: _____

Address: _____

Type of Business:

City: _____ State: _____ Zip: _____

Sole Proprietorship: ☐

Phone: _____ Fax: _____

Partnership: ☐

Email: _____

Corporation: ☐

Number of years in business: _____ Resale No. _____

Individual: ☐

OWNERSHIP INFORMATION

Name of Owner (1): _____

Phone: _____

Home Address: _____ City: _____ Zip: _____

Name of Owner (2): _____

Phone: _____

Home Address: _____ City: _____ Zip: _____

TRADE REFERENCES (Please Provide 3)

Company Name: _____

Phone: _____

Address: _____

Email: _____

City: _____ State: _____ Zip: _____ Fax: _____

Company Name: _____

Phone: _____

Address: _____

Email: _____

City: _____ State: _____ Zip: _____ Fax: _____

Company Name: _____

Phone: _____

Address: _____

Email: _____

City: _____ State: _____ Zip: _____ Fax: _____

BANK REFERENCE

Bank Name: _____

Phone: _____

Address: _____ Contact: _____

Approved: Yes ☐ No ☐ Reason if No: _____

Date: _____ Credit Terms: _____ Credit Limit: _____ Customer ID #: _____

Customer Pricing: P ☐ C ☐ R ☐ Customer Type: _____

Specials Notes _____