



902 Four Seasons Rd.
 Bloomington, IL 61701
 (309) 663-5331
 (309) 662-4099 fax

LOCATIONS
 *Bloomington East Peoria Peru
 Carbondale Hannibal, MO Quincy
 *Champaign Keokuk, IA Rockford
 Danville Mattoon *Springfield
 Davenport, IA Moline
 Decatur Mt. Vernon
 *Lighting Center Locations

COMMERCIAL CREDIT APPLICATION Date: _____

Legal Firm

Name: _____ Phone (____) _____ - _____
 _____ Fax (____) _____ - _____

Mailing

Address: _____

 City State Zip

EMAIL

Shipping

Address: _____

 City State Zip

Type of Business: _____

_____ Proprietorship _____ LLC
 _____ Partnership Date Established: ____/____/____
 _____ Corporation In what State? _____

*(Corporations of 4 yrs or less require personal guaranty signature on back)

Principals of Business: (INCLUDE NAME, ADDRESS, PHONE AND SOCIAL SECURITY NO.)

| Name | Title | Address | City | State | Phone | SSN |
|------|-------|---------|------|-------|-------|-----|
| | | | | | | |

| Name | Title | Address | City | State | Phone | SSN |
|------|-------|---------|------|-------|-------|-----|
| | | | | | | |

Person Responsible for Payables _____ Phone (____) _____ - _____

Anticipated Annual Purchases \$ _____ Monthly Credit Line Requested \$ _____

Taxable _____ CERTIFICATE MUST BE ATTACHED TO RECEIVE EXEMPTION STATUS
 (yes/no)

TRADE REFERENCES (Preferably Suppliers)

| Name | City | State | Fax | Phone |
|------|------|-------|-----|-------|
| | | | | |
| | | | | |
| | | | | |

Bank Name:

Street City State Fax Officer

Type of Accounts: Checking # _____, Savings # _____, Loans# _____

