



104 North Jackson St.
 P.O. Box 146
 Danville, IL 61832
 (217) 442-5282
 (217) 442-1011 fax

LOCATIONS

*Bloomington	Mattoon
Carbondale	Moline
*Champaign	Mt. Vernon
Danville	Peru
Davenport, IA	Rockford
Decatur	*Springfield
East Peoria	

*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# _____

