



225 W. Washington St.  
 P.O. Box 8070  
 East Peoria, IL 61611  
 (309) 694-2000  
 (309) 694-2030 fax

- LOCATIONS**
- \*Bloomington
  - Carbondale
  - \*Champaign
  - Danville
  - Davenport, IA
  - Decatur
  - East Peoria
  - Mattoon
  - Moline
  - Mt. Vernon
  - Peru
  - Rockford
  - \*Springfield
- \*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# \_\_\_\_\_

