



1301 Johnson Street  
 Keokuk, IA 52632  
 (319) 524-9901  
 (319) 524-1048 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: \_\_\_\_\_ EMAIL \_\_\_\_\_  
 \_\_\_\_\_ Shipping Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip 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# \_\_\_\_\_

