



737 N. Madison St.
 P.O. Box 297
 Rockford, IL 61105
 (815) 968-5781
 (815) 968-5079 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
- _____ Partnership
- _____ Corporation
- _____ LLC
- Date Established: ____/____/____
- 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# _____

