



700 N. 9<sup>th</sup> St.  
 P.O. Box 4106  
 Springfield, IL 62708-4106  
 (217) 788-2100  
 (217) 788-2134 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# \_\_\_\_\_

