



6600 West 51st Street  
 Forest View, Illinois 60638  
 Phone: (708) 594-9191  
 Fax: (708) 594-2993  
 Email: emjaysales@sbcglobal.net

**CREDIT APPLICATION**

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Company Contact: \_\_\_\_\_ A/P Contact: \_\_\_\_\_

<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Sole Proprietor
<input type="checkbox"/>	Other: _____

Billing Address (if different than above): \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

If Appl: Resale No. : \_\_\_\_\_ Exp. Date \_\_\_\_\_ ICC No. \_\_\_\_\_ In Serv. Date \_\_\_\_\_

**BANKING INFORMATION:**

Bank Name: \_\_\_\_\_ Account # \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**TRADE REFERENCE:**

<i>Name, Address, City, State, Zip</i>	<i>Contact Person:</i>	<i>Telephone #'s</i>
1. _____	_____	Phone: _____
_____	_____	Fax # _____
_____	_____	_____

**CREDIT REFERENCES:**

1. _____	_____	Phone: _____
_____	_____	Fax # _____
_____	_____	_____
2. _____	_____	Phone: _____
_____	_____	Fax # _____
_____	_____	_____

**INSURANCE INFORMATION:**

Agent: \_\_\_\_\_ Person Verifying Coverage: \_\_\_\_\_  
 Address: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Permission to be named Additional Insured & Loss Payee: Yes \_\_\_\_\_ No \_\_\_\_\_

(If Yes, Certificate in our Name is required.)

Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature on this application constitutes AUTHORIZATION TO RELEASE INFORMATION TO Emjay Sales & Leasing



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### CREDIT RELEASE AUTHORIZATION

To Whom It May Concern:

I/We, the undersigned, hereby authorize you to release any information requested by Emjay Sales and Leasing, Inc. and/or its assigns to assist in their evaluation of my/our financial standing or credit worthiness.

This information may include all information pertinent to savings deposits, checking accounts, employment or income, loan or credit (including mortgage) terms, balances, payment history, and credit ratings.

Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your offices.

A photographic or carbon copy of this authorization, bearing the photographic or carbon copy signatures of the undersigned, may be deemed to be equivalent of the original, and may be used as a duplicate original, and may be used as a duplicate original.

YOUR PROMPT RESPONSE TO THIS REQUEST AND COOPERATION IS APPRECIATED.

_____ Signature #1	_____ Social Security No.	_____ Date
_____ Signature #2	_____ Social Security No.	_____ Date
_____ Signature #3	_____ Social Security No.	_____ Date
_____ Signature #4	_____ Social Security No.	_____ Date