



6600 West 51st Street
 Forest View, Illinois 60638
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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