

APPLICATION FOR CREDIT

DATE _____

NAME OF FIRM _____ TYPE OF BUSINESS _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

- SOLE OWNERSHIP
- PARTNERSHIP
- CORPORATION
- SUBSIDIARY OF _____

DATE (YEAR) BUSINESS STARTED _____ IF CORPORATION, DATE INCORPORATED & STATE _____

CONTRACTORS LICENSE NO. _____ DATED _____ VERIFIED (YES) (NO)

OWNERS, PRINCIPAL PARTNERS OR OFFICERS NAMES & ADDRESSES:

NAME _____ TITLE _____

HOME ADDRESS _____

NAME _____ TITLE _____

HOME ADDRESS _____

NAME _____ TITLE _____

HOME ADDRESS _____

ANY LIMITATION ON WHO IS AUTHORIZED TO CHARGE ON THIS ACCOUNT? YES _____ NO _____
SPECIFY _____

ARE PURCHASE ORDERS REQUIRED? YES _____ NO _____

PAYMENT WILL BE MADE FROM: THIS OFFICE _____ OTHER OFFICE _____

ADDRESS OF PAYMENT DISBURSEMENT OFFICE _____ PHONE _____

RESALE EXEMPTION NO. _____

BANK NAME (BUSINESS ACCOUNT) _____ BRANCH _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

ACCOUNT NO. _____

LIST OF CURRENT CREDITORS (ATTACH AN INDIVIDUAL SHEET IF NECESSARY)

	<u>COMPANY</u>	<u>ADDRESS</u>	<u>CONTACT NAME</u>	<u>PHONE#</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

PLEASE REMIT TO: PANELS PLUS, INC. @ 1917 S. WRIGHT BLVD. SCHAUMBURG, IL. 60193
...OR FAX TO (847)584-4642.