

General billing information:

Company: Federal ID#: DUNS#:
Attention: Years In Business:
Address: Business Structure: Sole Proprietorship
City: Partnership
Corporation
S Corporation
State: Zip: LLC
Phone: Fax: Email:
Requested Credit Limit:

Name, title, & phone of officers or owners

Name: Title: Phone:
Name: Title: Phone:
Name: Title: Phone:

Banking reference

Bank: Address:
Phone: Fax: Account #:

Trade reference for companies you have done business with in the past 6 months:

Company: Address:
Phone: Fax: Account #:

Company: Address:
Phone: Fax: Account #:

Company: Address:
Phone: Fax: Account #:

Charge privileges are hereby applied for and it is understood and agreed that the terms of payment are NET 30 DAYS. Delinquent accounts are subject to a 2.0% per month late charge (24% per year). In the event of default, the applicant agrees to pay all attorney's fees, court cost, and collection cost associated with the collection of any delinquent or deficiency balance.

All indebtedness due to Designcraft, is due and payable in full at its office at 650 Telser Road, Lake Zurich, IL 60047. All customer orders are deemed to be made or consummated at the office/location listed above.

I/We certify that all information on this form is correct. I/We fully understand your credit terms are NET 30 DAYS and agree to the proper payment in consideration of extended credit.

Printed Name: Title:

Signature: _____ Date: