

REMKE

CREDIT APPLICATION

Print, complete and fax to 1-847-541-7245 or open in Adobe Acrobat, complete and e-mail to msweeney@remke.com

Company Name: _____

Bill To Address: _____ Ship To Address: _____

Phone # () _____ Fax # () _____ E-Mail _____

Principle Contacts: Branch Mgr. _____
Purchasing Mgr. _____
Credit Mgr. _____
Sales Mgr. _____

Number of Years in Business _____ D&B # _____

Credit References

<u>Company & Contact Name</u>	<u>Address</u>	<u>City & State</u>	<u>Phone #'s</u>
1)			()
2)			()
3)			()

Bank Name: _____ Account # _____
Address _____ Officer _____

Credit Line Requested _____ Estimated Monthly Purchases _____

The above information is provided for the purpose of extending credit to our company on your terms of 2% 10 days, net 30 days. To the best of our knowledge and belief, this information is accurate and may be relied upon in making your credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history.

Name _____ Title _____ Date _____
