509 Oak Street
DeKalb, IL 60115
800-688-3904
www.acculab.net

ACCULAB CREDIT APPLICATION

Company Information

Company Name _____ Phone: _____

Company Address _____

_____

Email_____Fax:_____

How Long? _____ Landlord _____ Landlord Phone_____

Estimated Annual Sales _____ Sales Area _____ Circle One: Incorporated Partnership DBA

Owners, Principals, and Officers

Name_____ Title_____ Address_____ Phone_____

Name_____ Title_____ Address_____ Phone_____

Name_____ Title_____ Address_____ Phone_____

Trade References

Name_____ Address_____ Phone_____ Contact_____

Name_____ Address_____ Phone_____ Contact_____

Name_____ Address_____ Phone_____ Contact_____

Bank References

Bank _____ Address_____ Phone _____

Banker Name_____ Circle One: Savings Checking Loan Acct # _____

Credit Terms are 30 days from date of invoice. Outstanding balances are subject to 1.5% per month interest. The undersigned authorizes and releases all banks, persons and companies listed on this application to furnish information and authorizes the checking of credit. The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances.

_____ _____ _____ _____

Name Title Date Name Title Date

Personal Guarantee

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

_____ _____ _____ _____

Signature Date Signature Date

_____ _____

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