

Sullivans USA, Inc.
4341 Middaugh Ave.
Downers Grove, IL 60515

Phone: (630)-435-1530
Fax: (630)-435-1532

Return To: Credit Manager

Date: ___ / ___ / ___

APPLICATION FOR CREDIT

BILLING ADDRESS

Company Name: _____
Owner(s) Name: _____
Buyer(s) Name: _____
Address: _____
City: _____ State: ___ Zip: _____
Phone #: _____ Fax #: _____
Email Address: _____

SHIPPING ADDRESS

Address: _____
City: _____ State: ___ Zip: _____
Special Instructions: _____

BANK REFERENCE

Bank Name: _____
Address: _____
City: _____ State: ___ Zip: _____
Checking Account Number: _____

TRADE REFERENCES

Name: _____	Name: _____	Name: _____
Account #: _____	Account #: _____	Account #: _____
Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____
State: ___ Zip: _____	State: ___ Zip: _____	State: ___ Zip: _____
Phone #: _____	Phone #: _____	Phone #: _____

TYPE OF BUSINESS:

Sole Owner

Corporation

Partnership

DATE ESTABLISHED: (UNDER PRESENT OWNERSHIP)

___ / ___ / ___

RATED IN DUN & BRADSREET:

No

Yes

Duns#: _____

STATE RESALE TAX ID:

#: _____

PLEASE ATTACH COPY OF YOUR
RESALE CERTIFICATE

Applicant's signature attests financial responsibility, and willingness to pay our invoices in accordance with invoice terms. Applicant agrees to pay late charges of 1-1/2% per month on balances in arrears.

The above information is for the purpose of obtaining credit and is warranted to be true. (I/we) hereby, authorize the firm to whom this application is made to, investigate the references listed pertaining to (my/our) credit and financial responsibilities.

Firm Name: _____

By: _____

_____ Title