

APPLICATION FOR CREDIT

NAME OR FIRM OR INDIVIDUAL _____		YEARS AT THIS ADDRESS _____
ADDRESS (NO P.O. BOXES) _____		
CITY _____	STATE _____	ZIP _____
		AREA CODE _____ PHONE _____

BY:

HEREBY applies for credit in accordance with the terms and conditions of:

TEAM CONCEPT

PRINTING & THERMOGRAPHY

540 TOWER BLVD., CAROL STREAM, IL 60188

EVETTE MONTOYA x118

CREDIT MANAGER

NET 30 DAYS UPON APPROVAL

OUR NORMAL CREDIT TERMS

630-653-8326 / 630-653-9256 FAX

TO:

FOLD

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP:

Corporation
 Check here if incorporated within the past 12 months
 Partnership
 Individual

1.	NAME(S) OF PRINCIPAL(S) _____	COMPLETE ADDRESS _____	ZIP _____	PHONE _____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

FOLD FOR WINDOW ENV.

FINANCE:

BANK _____	BANK ADDRESS _____
BANK OFFICER OR DEPARTMENT _____	PHONE _____

REFERENCES:

1.	BUSINESS NAME _____	COMPLETE ADDRESS _____	ZIP _____	PHONE _____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Check here if cash sales are okay until credit is approved.

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

(Signed) _____

Date _____ 20____ (Title) _____

Please do not write in the space below

VERIFICATION:

REFERENCES CHECKED BY _____	<input type="checkbox"/> _____ CREDIT APPROVED BY
REFERENCE RESULTS _____	<input type="checkbox"/> _____ CREDIT REFUSED BY
_____	DATE _____
_____	_____