

Issued By _____

Rockford Drive Line
P.O. Box 2066 - Rockford, IL 61130
815-877-7473 - Fax 815-877-0082

Date: _____

CONFIDENTIAL BUSINESS CREDIT APPLICATION

Sections A,B, and E must be completed by all companies. If an open line of credit is requested, all sections must be completed. Please allow five working days for processing. Personal or Corporate guarantee may be required.

SECTION A:

Company Name _____ Contact _____

Billing Address _____ Phone (____) _____

City/State/Zip _____ Country _____ Fax (____) _____

Shipping Address (if different) _____

_____ Date business started? _____

Type of Business: _____ Sole Proprietorship _____ Partnership
_____ Public Corporation, State and date of Inc. _____
_____ Private Corporation, State and date of Inc. _____

Sales Tax Status _____ Tax Exempt Permit # _____

Please attach a copy of your exemption certificate.

FEIN NO. _____

DUNS NO. _____

Opening order of: _____

Expected monthly purchases: _____ Under \$2000

_____ \$2000 - \$5000

_____ \$5000 - \$10,000

_____ Over \$10,000

_____ Other _____

_____ COD-CASH-complete sections A,B, & E only.

_____ COD-CHECK-complete sections A, B, C & E only.

**The level of credit will be established based upon
your expected monthly purchases and the financial
strength of the company.**

SECTION B:

List stockholders for privately held corporations or officers for public corporations. All others should list owners.

1. _____
Name Title S/S #

Address Phone #

2. _____
Name Title S/S #

Address Phone #

3. _____
Name Title S/S #

Address Phone #

If the credit information provided below is from a parent company, or individual, please provide the following:

Name Relationship

Address Phone # Contact

SECTION C:

Bank reference: (Type of Account) _____ Checking _____ Savings _____ Loans

Bank Name _____ Phone # _____

Address _____ Account # _____

Contact _____ Fax # _____

Bank Name _____ Phone # _____

Address _____ Account # _____

Contact _____ Fax # _____

SECTION D:

Trade Credit References: (Open Accounts Only)

1. _____
Company Name

Address Phone #

Contact Fax #

2. _____
Company Name

Address Phone #

Contact Fax #

3. _____
Company Name

Address Phone #

Contact Fax #

4. _____
Company Name

Address Phone #

Contact Fax #

PLEASE ATTACH FINANCIAL STATEMENT OR LAST YEARS INCOME TAX RETURN.**SECTION E:**

We believe our company is financially able to meet any commitments we have made and we intend to pay promptly in accordance with the payment terms granted. Should those terms now or at any future date include a service charge for late payment of collection and attorney's fees in the event of legal action, we agree to pay such charges.

This is an authorization to you to verify to Rockford Drive Line any financial information given. In addition, if contacted by Rockford Drive Line you may disclose information to them, which they may need when considering our request for credit. We will hold you harmless from any claim, which may arise out of the release of such information.

Signed _____ Title _____ Date _____

Please return to your salesman or mail to: Credit Department, P.O. Box 2066, Rockford, IL 61130 or FAX (815) 877-0082
and mail original with above signature. Thank you.
Good for 90 days from initial order once approved.