



CREDIT APPLICATION

When completed, please mail it to our corporate office at:
600 Knightsbridge Parkway - Lincolnshire, IL 60069 - Fax: (847) 520-1147

The undersigned company is applying for credit with E. H. Wachs and agrees to abide by the standard terms and conditions of E. H. Wachs as printed on the second page.

Company Name: _____
DBA (if different): _____
Accounts Payable Contact Person: _____
Billing Address: _____
Phone: _____ FAX: _____ E-mail _____
Federal Tax ID or Social Security Number: _____
Duns & Bradstreet Number: _____
State Resale/Tax Exempt Number: _____

List all other States in which your Company is Tax Exempt and their respective Exempt #'s.
Note that Wachs requires a Copy of the Applicants Exemption/Reseller Form for all States in which Wachs charges Sales Tax.

Type of Business: _____
No. of Employees: _____ Date Business Established: _____
Credit Limit Requested: _____

Are You a:

CORPORATION

State of Incorporation: _____
Names, Titles and Addresses of Your Three Chief Corporate Officers:

Names and Address of Your Resident Agent: _____

PARTNERSHIP

Names and Addresses of the Partners:

SOLE PROPRIETORSHIP

Have you ever had credit with us before? Yes ___ No ___
If yes, under what name? _____
Authorized Purchasers: _____

- New Customer**
- Existing Customer updating Credit References**
- Existing Customer requesting increased Credit Limit**



TRADE REFERENCES:

Reference # 1 Name: _____
Address: _____
Phone: () _____
Fax: () _____

Reference # 2 Name: _____
Address: _____
Phone: () _____
Fax: () _____

Reference # 3 Name: _____
Address: _____
Phone: () _____
Fax: () _____

BANK REFERENCES:

Bank # 1 Account # _____ Phone () _____
Contact Person: _____
Name of Bank: _____
Address: _____

Bank # 2 Account # _____ Phone () _____
Contact Person: _____
Name of Bank: _____
Address: _____

I represent that the above information is true and is given to induce E. H. Wachs to extend credit to the applicant. My company and I authorize E. H. Wachs to extend credit to the applicant. My company and I authorize E. H. Wachs to make such credit investigation as E. H. Wachs sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to E. H. Wachs any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of those terms and conditions.

Authorized Signature: _____

Printed Name: _____

Title: _____ Date: _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE:

1. Bills are sent on the first day of each month.
2. All bills become payable in full upon receipts and, if not paid by the end of the month, are considered past due.
3. A service charge of 1-1/2% per month will be added to all amounts billed if not paid by the end of the month.
4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.

<i>Wachs Internal Use Only</i>	
Submitted By: _____	Date: _____
Reviewed & Approved/Denied By: _____	
Great Plains Account #: _____	
Credit Limit: _____	