



3620 Swenson Avenue • St. Charles, Illinois 60174
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APPLICATION FOR CREDIT

Business Name _____
Street Address _____
City, State, Zip _____
Telephone Number (_____) _____ Fax Number (_____) _____
State Resale / Tax Exemption Number _____ (copy must be submitted)

Corporation (date incorporated _____) Partnership Proprietorship

LIST OF OFFICERS, TITLES, GENERAL PARTNERS, OR OWNER

1. Name _____ Title _____
Home Address _____
Home Telephone No. (_____) _____
2. Name _____ Title _____
Home Address _____
Home Telephone No. (_____) _____

Nature of Business _____

Date Established _____ Estimated monthly line of credit required _____

BANK REFERENCE:

Bank Name _____ Contact Name _____
Address _____
Account No. _____ Telephone Number (_____) _____

TRADE REFERENCES:

1. Company Name _____
Address _____
Telephone Number (_____) _____ Fax Number (_____) _____
2. Company Name _____
Address _____
Telephone Number (_____) _____ Fax Number (_____) _____
3. Company Name _____
Address _____
Telephone Number (_____) _____ Fax Number (_____) _____

NOTE: We may require a Financial Statement, a personal guarantee, or pre-payment of all products and services if the above information is insufficient or incomplete, or if your business is less than two years old. The preceding information is submitted by the undersigned for the purpose of obtaining credit. THE UNDERSIGNED AGREES TO PAY ALL INVOICES WITHIN THE TERMS OF SALE (NET 30 DAYS). ACCOUNTS OVER 30 DAYS ARE SUBJECT TO A LATE PAYMENT CHARGE OF 1-1/2% PER MONTH. Purchaser agrees to pay in accord with the foregoing terms of sale and further agrees to pay all collection costs and attorney's fees necessary to collect past due amounts, as permitted by law. This application does not constitute the granting of credit. You will be notified of terms we are extending within seven days of receipt of this application. The undersigned does hereby apply for credit with O'Brien Corporation, and gives them permission to contact any references listed for the purpose of establishing a credit profile.

Authorized Signature _____

Title _____ Date _____