



COMMERCIAL CREDIT APPLICATION

108 East 22nd Street
Chicago Heights, IL 60411
708-756-4890 phone 708-756-4892 Fax

The following information must be filled out completely and signed by an officer of your company.

COMPANY INFORMATION

COMPANY NAME: _____

Are you doing business under another name? (if so name of company) _____

BILLING ADDRESS: _____ **P.O. BOX #** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

SHIPPING ADDRESS (If other than address above) _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

TYPE OF BUSINESS: _____ **YEAR BEGAN:** _____ **DUNS #** _____

FEDERAL I.D.# _____ **TAX EXEMPT #** _____ (include copy of resale certificate)

WEBSITE: _____ **EMAIL ADDRESS:** _____

OWNER/PRESIDENT: _____ **TREASURER:** _____

ACCT. PAYABLE SUPV. _____ **OFFICE MGR/SECRETARY:** _____

BUYER/PURCHASING _____ **BUYER/PURCHASING** _____

PLEASE CIRCLE ONE: INDIVIDUAL PARTNERSHIP COPORATION C OR S

CORPORATE OFFICERS 1) _____ **2)** _____

SOCIAL SECURITY NOS. _____

ADDRESS/CITY/STATE/ZIP _____

BANK REFERENCE

BANK NAME: _____ **ACCOUNT NO.** _____

PHONE NO. _____ **FAX** _____

BANK ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

ADVANCED Architectural Sheet Metal, Inc.
(708-) 756-4890 office (708) 756-4892 fax
COMMERCIAL CREDIT APPLICATION

CURRENT TRADE REFERENCES

- 1. NAME _____ PHONE NO. _____
ADDRESS _____ FAX NO. _____
CITY _____ STATE _____ ZIP _____ ACCOUNT NO. _____
- 2. NAME _____ PHONE NO. _____
ADDRESS _____ FAX NO. _____
CITY _____ STATE _____ ZIP _____ ACCOUNT NO. _____
- 3. NAME _____ PHONE NO. _____
ADDRESS _____ FAX NO. _____
CITY _____ STATE _____ ZIP _____ ACCOUNT NO. _____
- 4. NAME _____ PHONE NO. _____
ADDRESS _____ FAX NO. _____
CITY _____ STATE _____ ZIP _____ ACCOUNT NO. _____
- 5. NAME _____ PHONE NO. _____
ADDRESS _____ FAX NO. _____
CITY _____ STATE _____ ZIP _____ ACCOUNT NO. _____

Has the above company or any of it's principals ever been Bankrupt? YES NO

If yes, explain, _____

**WE HEREBY APPLY FOR CREIDT IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF:
ADVANCED Architectural Sheet Metal, Inc.**

The above information is for the purpose of obtaining credit and is warranted to be true. Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit, I/We hereby authorize the firm to who this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. Applicant's signature attests to solvency and willingness to pay invoices in accordance with our terms.

I understand that the information furnished you, is for the purpose of obtaining credit from your firm; that I an authorized, in my capacity to bind my firm accordingly; that all accounts or money due ADVANCED Architectural Sheet Metal, Inc. shall be due and payable at ADVANCED's place of business 30 days from date of invoice; past due invoices are subject to a service charge of 1/5% per month or 18% per annum. Notes or judgments shall draw interest at the maximum legal fees incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified as _____ (Business Name).

SIGNATURE _____ DATE _____

PRINT NAME: _____ TITLE _____

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Personal Guarantee

(Fill in name of company granting credit)

In consideration for ADVANCED Architectural Sheet Metal, Inc. extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to ADVANCED Architectural Sheet Metal, Inc. by the business identified below whether said sums are due under open account, contract, or otherwise. It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between ADVANCED Architectural Sheet Metal, Inc. and the business, ADVANCED Architectural Sheet Metal, Inc. shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by ADVANCED Architectural Sheet Metal, Inc.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by ADVANCED Architectural Sheet Metal, Inc. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date: _____

Name: _____
(Print Name of person guaranteeing payment, NO TITLE)

SS#: _____

Signature of person guaranteeing payment

Home address: _____

Home phone: _____

Name of Business whose account is guaranteed _____

CREDIT DEPARTMENT USE ONLY

Line of Credit: Approved / Denied

Amount \$ _____

Date: _____