



PRO-FAB SHEET METAL

Illinois Plant

355 S. Stewart Avenue • Addison, Illinois 60101
Tel. (630) 543-1212 Fax (630) 543-1313

Indiana Plant

880 E. 99th Court • Crown Point, Indiana 46307
Tel. (219) 791-1212 Fax (219) 791-1313

www.profabsm.com

CONFIDENTIAL CREDIT APPLICATION

Name of firm: _____

Registered trade style: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

Former Address: _____

Telephone: (____) _____ Fax: (____) _____ Year Established: _____

Line of Business: _____

This business: Partnership Corporation

If your company is a corporation, are you a subsidiary or division of another entity? _____

If so, please show name, address and relationship: _____

Approximate amount of credit desired: \$ _____

Owner(s) or Officers	Title	Address/City/State	Social Security

Name of Purchasing Agent: _____

Trade Reference: (From whom you purchase in sizable quantities)

PLEASE PROVIDE COMPLETE ADDRESS, PHONE AND FAX NUMBER

1. _____ Phone _____
_____ Fax _____
2. _____ Phone _____
_____ Fax _____
3. _____ Phone _____
_____ Fax _____
4. _____ Phone _____
_____ Fax _____

Bank Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Telephone number: (____) _____ Fax number: (____) _____

Officer handling account: _____

Applicants' signature attests financial responsibility, ability and willingness to pay invoices in accordance with **Pro-Fab Sheet Metal** Terms and conditions of sale. If the applicant fails to make payment as required, the expenses of collection, including reasonable attorneys' fees, if services of attorney are employed to effect collection, shall be imposed. Acceptance of payment in arrears or of partial payment will not be deemed a waiver of the right to demand prompt payment in full or a waiver of any right or remedy **Pro-Fab Sheet Metal** may have on any future occasion.

The applicant understands this application may be revoked or rejected by **Pro-Fab Sheet Metal** at any time.

SIGNED: _____ BY _____
Full Name of Firm Corporate Officer Signature

DATE: _____