

# Application For Credit

**The Davies Supply Company**  
6601 W. Grand Ave  
Chicago, IL 60707  
Tel: 773-637-7800 Fax: 773-637-7033

*Application is hereby made for the extension of credit:*

**BUSINESS NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**Tax ID No:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**Taxable: Yes/No  exempt attach form**

**PURCHASE ORDER REQUIRED?**

## BILLING ADDRESS

\_\_\_\_\_  
(STREET OR PO BOX)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP)

## SHIPPING ADDRESS

\_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP)

## PRINCIPALS

## BANK

\_\_\_\_\_  
(NAME) (TITLE)

\_\_\_\_\_  
(BANK NAME / BRANCH)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(NAME) (TITLE)

\_\_\_\_\_  
(BANK ACCOUNT NO)

\_\_\_\_\_  
(BANK CONTACT) (PHONE NO)

## FORM OF BUSINESS: (PLEASE CHECK ONE)

PROPRIETORSHIP ( ) PARTNERSHIP ( ) DISTRIBUTOR ( ) CORPORATION ( ) OTHER \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_  
(OF OWNERS IF NOT A CORPORATION)

LENGTH OF TIME COMPANY \_\_\_\_\_ (YEARS)  
HAS BEEN IN BUSINESS

## TRADE REFERENCES: (MINIMUM OF 3 ARE REQUESTED)

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax No: \_\_\_\_\_

As an inducement to grant credit, the undersigned further agrees that the  
The Davies Supply Company has the right to obtain the credit history of the undersigned and authorizes the release of  
such information by signature here.

\_\_\_\_\_  
(NAME) PRINT

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## PERSONAL GUARANTEE

### Personal Guarantee

The undersigned in consideration for the extension of the credit to said applicant, hereby agrees to personally guarantee  
all liabilities and responsibilities for payment of the applicant's account.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE