

# APPLICATION FOR CREDIT

PLEASE COMPLETE AND RETURN TO ISOTEC  
 1780 BIRCHWOOD AVENUE, DES PLAINES, ILLINOIS 60018  
 PHONE: 847.299.9299 FAX: 847.299.9298



COMPANY \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IF A BRANCH LOCATION, BILLS ARE PAID FROM: BRANCH  HEADQUARTERS

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ DATE ESTABLISHED \_\_\_\_\_

TYPE OF OWNERSHIP: PROPRIETORSHIP  PARTNERSHIP  CORPORATION

FEIN OR SOCIAL SECURITY # \_\_\_\_\_ DUNS # \_\_\_\_\_

NAME OF PRINCIPALS \_\_\_\_\_

PRINCIPAL SUPPLIERS		
SUPPLIERS	ADDRESS, CITY AND STATE	FAX/CONTACT (REQUIRED)

BANK \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CONTACT \_\_\_\_\_ ESTIMATED LINE OF CREDIT REQUIRED (\$) \_\_\_\_\_

FINANCIAL STATEMENT: ENCLOSED  WILL BE FORWARDED

**APPLICANT AGREES THAT EXTENSION OF CREDIT BY SELLER SHALL BE SUBJECT TO AND IN CONSIDERATION OF THE FOLLOWING:**

1. Terms are those which are stated on the invoices. All amounts are due in accordance with said terms.
2. Past-due balances are subject to a service charge of a maximum permitted by law and not less than \$1.00.
3. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees shall be paid by the applicant.
4. The undersigned agrees to the terms and conditions stated herein.
5. The undersigned hereby authorizes the above mentioned banks and companies to release the information requested by Isotec, Inc.

Signed: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_