



Application for Credit
Fax completed form to (630) 851-2110

Legal Name: _____

Address (Billing): _____ (Shipping): _____

Phone: _____ Fax: _____

A/P Contact: _____ A/P e-mail: _____

Years in Business: _____ Federal Tax ID#: _____ Resale Tax #: _____

Type of Business: Sole Proprietor Corporation Partnership

Owners (if applicant is a sole proprietor or partnership) Or Officers (if corporation)

Name: _____ Title: _____

Home Address: _____ Home Ph: _____

Bank Reference: Checking Account #: _____

Bank Name: _____

Address: _____

Account Officer: _____

Phone: _____ Fax: _____

Trade References/ Suppliers:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Trans Machine terms are Net 30 days. Applicant agrees with these credit terms and agrees to pay any collection costs incurred to collect the account balance, including court costs, collection fees and attorney's fees. The undersigned agrees to give Trans Machine the right to obtain the credit history of the undersigned and authorizes such release of information by signature here.

Signature _____ Title _____ Date _____