



Credit Application

PLEASE ALLOW FIVE BUSINESS DAYS FOR PROCESSING

PLEASE PRINT OR TYPE

For internal use only

C # _____

S.R. _____

C.L.\$ _____

Corporate Headquarters: 845 N. Church Court, Elmhurst, IL 60126

Sales Phone: 1-800-701-7689

Sales Fax: 1-800-816-3330

Credit Phone: 1-866-249-4554

Credit Fax: 1-630-833-0528

BUSINESS INFORMATION: COMPANY

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

Email: _____

DUNS NUMBER: _____

PARENT COMPANY

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

Email: _____

DUNS NUMBER: _____

TYPE OF BUSINESS: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP HOW LONG IN BUSINESS (YRS/MOS): _____

TAXABLE NON-TAXABLE (EXEMPT #): _____ (Tax will be charged unless valid resale certificate or non-profit letter is provided)

ACCOUNTS PAYABLE CONTACT: _____ ACCOUNTS PAYABLE PHONE NO. ()

CREDIT REFERENCES (Polyline requires three (3) trade references and one (1) bank reference.)

TRADE REFERENCE 1: NAME _____ PHONE ()

STREET _____ FAX ()

CITY, STATE, ZIP CODE _____

CONTACT _____ ACCOUNT NUMBER _____

TRADE REFERENCE 2: NAME _____ PHONE ()

STREET _____ FAX ()

CITY, STATE, ZIP CODE _____

CONTACT _____ ACCOUNT NUMBER _____

TRADE REFERENCE 3: NAME _____ PHONE ()

STREET _____ FAX ()

CITY, STATE, ZIP CODE _____

CONTACT _____ ACCOUNT NUMBER _____

BANK REFERENCE: NAME _____ PHONE ()

STREET _____ FAX ()

CITY, STATE, ZIP CODE _____

CONTACT _____ ACCOUNT NUMBER _____

PAYMENT TERMS: (APPLICATION CANNOT BE PROCESSED UNLESS SIGNED BY PRINCIPAL, OWNER OR AUTHORIZED ACCOUNTS PAYABLE PERSONNEL) PAYMENT SHALL BE NET THIRTY (30) DAYS FROM THE DATE OF INVOICE, UNLESS OTHERWISE AGREED IN WRITING BY POLYLINE. ALL AMOUNTS PAST DUE SHALL BE SUBJECT TO A FINANCE CHARGE OF ONE AND ONE HALF PERCENT (1 1/2%) PER MONTH (18% PER ANNUM), OR SUCH LESSER RATE AS SHALL CONSTITUTE THE MAXIMUM RATE ALLOWABLE UNDER APPLICABLE LAW. IN ADDITION, CUSTOMER AGREES TO PAY POLYLINE ALL ATTORNEYS FEES AND COURT COSTS REASONABLY INCURRED IN COLLECTING ANY PAST DUE AMOUNTS. ALL CHECKS NOT HONORED BY YOUR BANK WILL BE SUBJECT TO A \$30.00 RETURNED CHECK FEE. *** SIGNATURE AUTHORIZES BANK TO RELEASE INFORMATION REGARDING CUSTOMER BANKING INFORMATION.

APPLICANT (please print): _____ TITLE: _____

SIGNATURE: _____ DATE: _____

PERSONAL GUARANTY (REQUIRED AT THE DISCRETION OF POLYLINE)

IN CONSIDERATION OF EXTENSION OF CREDIT TO THE APPLICANT NAMED HEREON, THE UNDERSIGNED, AS INDIVIDUAL(S) AND NOT AS CORPORATE OFFICERS, JOINTLY, SEVERALLY AND UNCONDITIONALLY GUARANTIES AND PROMISES TO PAY ALL AMOUNTS NOW OWING OR WHICH MAY HERINAFTER BECOME OWING BY THE APPLICANT. THIS IS A CONTINUING GUARANTY AND OBLIGATIONS ARISING HEREUNDER SHALL NOT BE AFFECTED BY ANY CHANGE IN TERMS OF INDEBTEDNESS, THE EXTENSION OF CREDIT BEYOND AMOUNTS SPECIFIED HEREIN, A CHANGE IN THE TERM OR TIME FOR PAYMENT, A CHANGE IN THE FORM OF INDEBTEDNESS OR THE ACCEPTANCE OF SECURITY OR COLLATERAL. VENDOR SHALL NOT BE REQUIRED TO EXHAUST ANY REMEDIES AGAINST APPLICANT PRIOR TO EXERCISING RIGHTS GRANTED HEREBY.

INDIVIDUAL (please print): _____

SIGNATURE: _____