

All Applications should be mailed or faxed to our Credit Dept. - Chicago Office



GLENROCK CREDIT APPLICATION

Latest Financial Statment Shall Accompany Application

CHICAGO
200 W. Wrightwood Ave.
Elmhurst, IL 60126
PH 630.530.9600
FAX 708.562.1753

CINCINNATI
11257 Williamson Rd.
Cincinnati, Ohio 45241
PH 513.489.6710
FAX 513.489.7237

INDIANAPOLIS
4330 Hull St., Suite 300
Indianapolis, IN 46226
PH 317.542.8400
FAX 317.542.8500

MILWAUKEE
N49W13545 Campbell Dr.
Menomonee Falls, WI 53051
PH 262.781.0799
FAX 262.781.0730

Firm Name _____ Years in Business _____

Mailing Address _____ Business Phone _____ Fax _____

City _____ State _____ Zip Code _____

Accounts Payable Contact Name _____ Email: _____

Billing Address (if different than Mailing Address) _____

City _____ State _____ Zip Code _____

Full Name of Owner(s) - Officers	Home Address	Home Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Individual _____ Partnership _____ Corporation _____ Date Started or Incorporation Date _____

Have you ever operated under any other name, please include Yes No

TRADE CREDIT REFERENCES (MINIMUM OF FOUR)

Name	Address	Phone / Fax / Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank _____ City _____ State _____

Address _____

Briefly describe what type of business you are engaged in: _____

_____ (If resale, list number) _____

ADDITIONAL INFORMATION TO BE COMPLETED ON THE REVERSE SIDE

Office Use Only

Acct # _____ Sismn # _____ Terr # _____ CC # _____ CL _____ APP. _____

Glenrock Company Credit Policy

Our credit terms are available for convenience of payment only, not for the purpose of financing your business. In today's economic climate, businesses have more difficulty in the area of "cash flow" than any other area. Our policy is to remain financially strong in order to provide excellent service and great prices, both, now and in the future.

Our Credit Terms Are:

Our terms are full payment within 30 days of invoice. After 30 days a service charge of 1.5% per month shall be added to the customer's outstanding balance. Returned Merchandise that is older than 30 days or non-stock will be subjected to a restocking charge.

I authorize you to contact references and obtain information from outside sources that may be needed to obtain credit.

The application has been carefully prepared by the undersigned and is to my knowledge complete, accurate and truthful.

If my account is accepted, I agree to pay according to your terms of sale. I further agree to pay all collection costs and expenses, including reasonable attorney's fees incurred by Glenrock Company in collecting or attempting to collect such amount.

Firm Name

Date

Print Name of Owner/CO., Partner or Officer

Signature and Title of Owner/CO., Partner or Officer

Personal Guaranty

Name

Residing at (Address, City and State)

For and in consideration of the Glenrock Company extending credit at my request, I personally guarantee any indebtedness incurred on this account to the Glenrock Company of Illinois. I hereby agree to bind myself to pay Glenrock Company on demand any sum which may become due to Glenrock Company by my company whenever my company fails to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of my company. I do waive notice of default, non-payment and notice thereof and consent to any modification of renewal of the credit agreement hereby.

Signature of Personal Guarantor (Must be Company Owner, Corporate Officer or Partner)

Date