

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 Avenue  
Elmhurst, IL 60126  
PH 630.530.9600  
FAX 708.562.1753

**INDIANAPOLIS**  
4330 Hull Street, Suite 300  
Indianapolis, IN 46226  
PH 317.542.8400  
FAX 317.542.8500

**MILWAUKEE**  
N49W13545 Campbell Drive  
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 \_\_\_\_\_

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 Number |
|-------|---------|--------------------|
| _____ | _____   | _____              |
| _____ | _____   | _____              |
| _____ | _____   | _____              |
| _____ | _____   | _____              |
| _____ | _____   | _____              |
| _____ | _____   | _____              |

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.

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Firm Name

Date

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Print Name of Owner/CO., Partner or Officer

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

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### **Personal Guaranty**

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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.

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

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Date