

THE PROTECTOSEAL COMPANY

225 W. Foster Avenue, Bensenville, Illinois 60106 Phone: (630)-595-0800 Fax: (630)-595-8059

CREDIT APPLICATION

Name: _____

Address: _____ Yrs. at Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Duns: _____

Contact Person: _____ Title: _____

Bank: _____ Phone: _____ Fax: _____

Contact Name: _____ Account No. _____

Account Type: _____ Secured: _____

Credit Level Requested: _____

In addition, please provide a copy of your most recent financial statement, and sales tax resale/exemption certificate. (Please note that sales tax is charged in the state to which the order is shipped)

Trade References

Company: _____ **Company:** _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Company: _____ **Company:** _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Company: _____ **Company:** _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

To: _____
(Your firm name)

In order for us to verify your banking information, the bank requires written notice by an authorized signer on your account. Please have this person sign this form below and fax it back to (630) 694-7376 as soon as possible.

Thank you,

Connie Carey
The Protectoseal Company

To: _____
(Bank Name)

Attn: _____
(Bank Contact)

I authorize The Protectoseal Company to obtain bank information on my business account # _____ for the purpose of our request to them for open account credit terms.

Signature of Account Holder

Print Name