

# THE PROTECTOSEAL COMPANY

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

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## CREDIT APPLICATION

Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

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 the order is shipped to)

### 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: \_\_\_\_\_

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

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To: \_\_\_\_\_

Attn: \_\_\_\_\_

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

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Print Name

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