



CREDIT APPLICATION - BUSINESS CREDIT REFERENCES

Please forward your credit application to:
Fax: 815-754-5702 or email: scotth@rightpointe.com

BUSINESS NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **FAX:** _____
AP CONTACT NAME: _____
AP EMAIL ADDRESS: _____
AP PHONE NUMBER (IF DIFFERENT FROM ABOVE): _____
URL ADDRESS: _____

BANK REFERENCES

BANK NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **FAX:** _____
CONTACT NAME: _____ **ACCT #:** _____

MAJOR TRADE REFERENCES - FAX NUMBERS REQUIRED

BUSINESS NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **FAX:** _____
CONTACT NAME: (If necessary) _____
CONTACT EMAIL: (If necessary) _____

BUSINESS NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **FAX:** _____
CONTACT NAME: (If necessary) _____
CONTACT EMAIL: (If necessary) _____

NAME: _____ **SIGNATURE:** _____
TITLE: _____ **DATE:** _____

REQUESTED LIMIT: _____ Please include tax exempt certificate if applicable

A finance charge will be applied if your account is beyond terms. By signing above you agree to be responsible for any and all such charges which include any account balance outstanding on your account, and to the release of credit information to and from Right Pointe, LLC.