



**Servicing Chicagoland since 1952**

**Corporate Office**

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[www.wmfmeyer.com](http://www.wmfmeyer.com)

Aurora

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**Credit Application**

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Ownership: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Government \_\_\_\_\_ LLC \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Tax Exempt # \_\_\_\_\_ Company require PO # Y/N Company require job names Y/N

**Name of Principal Officers/Owners**

**Title of Principal**

**Bank Information**

Name of Bank \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Trade References**

Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Authorized Buyers** (If more please provide a separate sheet)

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

1. Has the company or any officer, partner, member, or owner ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes attach detail)
2. Has your company or any company that any officer, partner, member, or owner has been associated with as an officer, partner, member, or owner ever had credit with us before? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes under what name \_\_\_\_\_)

By signing below, the applicant agrees and accepts that the credit limit and credit terms maybe changed or withdrawn at the sole discretion of Wm F Meyer. The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The Applicant authorizes Wm F Meyer to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorized its banks and trade creditors to provide Wm F Meyer with complete information for the purpose of credit evaluation. The applicant understands that all past due balances will be subject to a 2% per month service charge. The applicant further agrees to pay 25% collection charge in the event of default, if the account is placed with a collection agency or attorney.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Once completed please email to [ar@wmfmeyerco.com](mailto:ar@wmfmeyerco.com)