

CIC Conveying and Pumping

PO Box 652 * 385 Roosevelt St * Morris, IL 60450

Please use this credit application to establish an open account. Please complete, sign, and fax form back as soon as possible to Fax #815-942-4586

Billing Information			
Company Name:		Attention:	
Street Address:		City:	State: Zip:
Billing Address:		City:	State: Zip:
Telephone:	Fax:	E-Mail:	
General Information			
Federal Tax ID No:		Company Composition: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	
Corporation State Of:		<input type="checkbox"/> Corporation <input type="checkbox"/> Sub-Chapter S Corp	
At Present Location Since Date:		Amount of Credit Desired:	
Principal/Owner:		Title:	Cell Phone:
Phone No & Extension:		E-Mail:	
Ordering Information			
Are Purchase Order Numbers Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Merchandise for Resale or Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Resale/Tax Exempt No. (if for resale/tax exempt, please provide Copy of Cert.):			
Purchasing Agent:		Phone No. & Extension:	
Accounts Payable Contact:		Phone No. & Extension:	
Trade References (List only active vendors, no credit cards)			
1. Name:		Phone:	
Address:		Fax:	
City:		State:	Zip Code:
2. Name:		Phone:	
Address:		Fax:	
City:		State:	Zip Code:
3. Name:		Phone:	
Address:		Fax:	
City:		State:	Zip Code:
Bank Information			
Bank Name:		Account Type & No.	
Branch Contact Officer:		Phone No. & Extension:	
Address:		City:	State: Zip Code:
Terms and Conditions			
All accounts are COD until a credit application has been completed, reviewed, and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorneys fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full.			
Acceptance and Approval			
Signing this agreement you certify that the information on this credit application is true, correct, and complete. You also are accepting all of the terms and conditions as stated. In additions, you authorize Central Illinois Conveying and Pumping to make any and all inquiries necessary to process this Credit Application.			
Name of Authorized Representative:			Title:
Agreed and Accepted, Signed:			Date:
I, _____, residing at _____ for in and consideration of your extending credit at <small>(Your name) (Your Address)</small> my request to _____ (hereinafter referred to as in the "company") of which I am _____, <small>(Your Company Name) (Your Title)</small> Hereby personally guarantee to you the payment to Central Illinois Conveying and Pumping, Inc. in the state of Illinois, any obligations of the company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I do hereby waive notice default, non-payment and notice hereof and consent to any modification of renewal of credit agreement hereby guarantee.			
Auth. Signature _____		Printed _____	Date _____ Title _____