



211 Waukegan Rd., # 301  
Northfield, IL 60093

847.465.1200 Phone  
847.465.1300 Fax

## Customer Credit Application

### Company Information

#### Billing Address

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Tax ID#: \_\_\_\_\_ Tax Exempt#: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

#### Shipping Address (if different than above)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Contact Information:

#### Purchasing

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_



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**Accounts Payable**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**Bank Information:**

Bank: \_\_\_\_\_ Account#: \_\_\_\_\_

Branch Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email Address: \_\_\_\_\_

**References:**

*(Please provide two vendors with whom you have conducted business for more than six months)*

**Reference 1**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Years as Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



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**Reference 2**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Years as Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Agreement**

*I (We) agree, at Americo's discretion to PRE PAY all bills for a period of time or amount of business, after which I (we) agree to pay all bills for purchases net 30 days from the date of invoice and thereafter any invoice over thirty days 1½ percent per month may be added to unpaid balance after invoice.*

*The information contained in this application will be used for the sole purpose of establishing a business relationship between your company and Americo Corporation. We take our responsibility to protect your nonpublic personal information very seriously. Whenever we collect information about you we restrict access to your nonpublic personal information to our employees and those 3rd parties who need the information to respond to your inquiries, to provide better customer service and to provide products, service and other promotional information we believe may help meet your needs or be of interest to you. We explain the importance of protecting your nonpublic personal information to our employees and take appropriate measures to enforce employee responsibilities regarding our privacy policy. We also maintain physical, electronic and procedural safeguards to protect the confidentiality and security of the information we collect. We require any 3rd party that receives information about you from us to agree to keep that information confidential & to use the information only for the purposes for which it was disclosed.*

*By signing below you agree that Americo may contact your bank and references to inquire as to the integrity of your business dealings.*

*Thank you for choosing Americo!*

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_