



CUSTOMER INFORMATION CARD

Shipping Name _____
Shipping Address _____
City/St/Zip _____
Owner's Name _____

Billing Company Name _____
Billing Address _____
City/St/Zip _____
Existing Billing Customer Number _____

A/P Name _____
A/P E-mail _____
A/P Phone _____

Service Contact Name _____
Service Contact Phone _____
Service Contact E-mail _____

Are your purchases tax exempt? Y ___ N ___
If yes, attach certificate for each state

Terms Applied For (choose one):
Net 30 _____
Credit Card (keep on file) _____
(Call the office at 309 999-8370 with cc details)

Are Purchase Order numbers issued? Y ___ N ___

How should we send your invoice? Mail _____ E-mail _____

All information above this line must be completed for existing customers adding new sites

How long have you been in business? _____
How did you hear about us? _____

TRADE REFERENCES (No Utilities or Credit Cards)

1.) Name _____
Address _____
City/St/Zip _____
Contact Name _____
Contact E-mail _____

2.) Name _____
Address _____
City/St/Zip _____
Contact Name _____
Contact E-mail _____

3.) Name _____
Address _____
City/St/Zip _____
Contact Name _____
Contact E-mail _____

4.) Name _____
Address _____
City/St/Zip _____
Contact Name _____
Contact E-mail _____

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (net 30) and agrees to pay a service charge per month of 2% per month (24% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Printed Name _____

Title _____

Signature _____

Date _____