



## CREDIT APPLICATION

Attn: Credit Department,

Enclosed you will find a copy of our standard credit application. Please fill this out as completely as possible and fax it back to my attention. Please note the trade references should be current metal suppliers. To better service your account, please supply us with any pertinent information concerning:

Packing –  
Skid weight  
Receiving hours  
Unloading- Flatbed / Van or both (Crane or Forklift – side or rear- Overhead –Eye to Side/Sky)

Please include any other information you feel would assist us in servicing your account. Please call me personally if I can be of any assistance.

Thank you,

Robin L. Swanson  
President

FAX NO. 312-724-8487

Email: [robin@chicagostainless.net](mailto:robin@chicagostainless.net)



**CREDIT APPLICATION**

**DATE:** \_\_\_\_\_

|   |                     |
|---|---------------------|
| <b>COMPANY NAME:</b>  |                     |
| <b>TYPE OF CO.:</b> CORPORATION _____ L.L.C. _____ PARTNERSHIP _____ PROPRIETORSHIP _____ |                     |
| <b>MAILING ADDRESS:</b>   |                     |
|   |                     |
| <b>SHIPPING ADDRESS:</b>  |                     |
|   |                     |
| <b>E-MAIL ADDRESS:</b>  |                     |
| <b>PHONE:</b>   | <b>FAX:</b>         |
| <b>TAX EXEMPTION #:</b>   | <b>FEDERAL ID #</b> |

|                          |                          |
|--------------------------|--------------------------|
| <b>BUSINESS STARTED:</b> | <b>NO. OF EMPLOYEES:</b> |
| <b>OWNER'S NAME:</b>     |                          |
| <b>BUYER'S NAME:</b>     |                          |

|                                  |             |
|----------------------------------|-------------|
| <b>ACCOUNTS PAYABLE CONTACT:</b> |             |
| <b>PHONE:</b>                    | <b>FAX:</b> |

|                 |                    |
|-----------------|--------------------|
| <b>BANK:</b>    |                    |
| <b>ADDRESS:</b> |                    |
| <b>PHONE:</b>   | <b>FAX:</b>        |
| <b>CONTACT:</b> | <b>ACCOUNT NO:</b> |

4 COMMERCIAL REFERENCES (Please list industry related vendors if available)

| NAME | ADDRESS | PHONE | FAX |
|------|---------|-------|-----|
|      |         |       |     |
|      |         |       |     |
|      |         |       |     |
|      |         |       |     |

By submitting the following opening of account request, we acknowledge that Chicago Stainless, Inc. has a serious and legitimate interest in setting up a credit file on our behalf. For this purpose, we acknowledge that they have the permission to collect all pertinent information in regards to our credit and our financial situation, and we irrevocably authorize and instruct by means of banks or financial institutions that we have dealings with from time-to-time communicate upon request to Chicago Stainless, Inc. all information which could be required from time-to-time by the latter on our credit or financial situation.

X \_\_\_\_\_ Date \_\_\_\_\_

**Customer's Authorized Representative Signature**



**Mailing Address:**

840 W Blackhawk St, #2106  
Chicago, IL 60642

**Remit to address:**

840 W Blackhawk St, #2106  
Chicago, IL 60642