



PRO BIZ
PRODUCTS

350 North Orleans Street
Suite 9000N
Chicago, Illinois 60654

Phone: 630.537.9400
Email: info@probizproducts.com
shop.probizproducts.com

BUSINESS NAME _____ DATE _____

PHONE _____ FAX _____

EMAIL _____

ADDRESS _____ FOR PAST _____ YEARS

CITY _____ STATE _____ ZIP CODE _____

SHIPPING ADDRESS _____

BUYER _____ CREDIT MANAGER _____
NAME NAME

D/B/A _____ FEDERAL TAX ID # _____

OWNERSHIP: SOLE OWNER _____ PARTNERSHIP _____ CORPORATION _____

PRINCIPALS:

NAME _____ TITLE _____

HOME ADDRESS _____ SS# _____

NAME _____ TITLE _____

HOME ADDRESS _____ SS# _____

Has the firm or any of its principals ever been bankrupt? If yes, explain: _____

NAME AUTHORIZED BUYERS ON THIS ACCOUNT:

1. _____ 2. _____ 3. _____

CREDIT APPLICATION

TRADE REFERENCES: (Name of suppliers of major products and services) **Please include account numbers for suppliers**

NAME _____ ADDRESS _____

PHONE _____ FAX _____

NAME _____ ADDRESS _____

PHONE _____ FAX _____

NAME _____ ADDRESS _____

PHONE _____ FAX _____

BANK REFERENCES: CHECK _____ LOAN _____ SAVINGS _____

NAME _____ ADDRESS _____

ACCT # _____ CONTACT _____ PHONE _____ FAX _____

The undersigned, as an inducement to grant credit, warrants that the information submitted is true and correct. You are authorized to investigate the credit references above.

NAME _____ TITLE _____

The undersigned agrees to pay for all purchases within the terms of NET 30 DAYS and in addition, will pay service charges of 1.5% PER MONTH from the date of invoice on any past due balance. The applicant agrees that should any sums due under this agreement not be paid in a timely manner and in accordance with terms hereof, that applicant shall pay reasonable attorney's fees and collection costs of PRO BIZ PRODUCTS incurred in such collection even though no suit or action is filed. The amount of such reasonable attorney fees shall be fixed by the court, in which the suit or action including any appeal thereon, is tried, heard and decided.

SIGNATURE _____ TITLE _____

DATE _____ PRINT NAME _____