



3700 Illinois Avenue  
 St. Charles, Illinois 60174  
 Phone: 630-762-0002  
 Fax: 630-762-1112

Company Information			
Name of Company:			
Business Address:			
City, State, Zip:			
Business Phone:		Business Fax:	
Alternate Phone:		Alternate Fax:	
Business E-Mail:			
Type of Business:	Corporation: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Individual: <input type="checkbox"/>
When Incorporated:		How Long in Business:	
Corp. Officer's Name:		Title:	
Partner's Name:		Title:	
Owner Information			
Name of Owner:			
Address:			
City, State, Zip:			
Phone Number:		Cell Phone Number:	
E-Mail:			
Bank References			
Name of Bank:			
Address:			
City, State, Zip:			
Phone Number:		Contact:	
Account Numbers:	Checking:	Savings:	Loan:
Title Company: (most often used)			
Address:			
City, State, Zip:			
Phone Number:		Contact:	

Authorized By:

Date:

(Principal Name/Title)

## Supplier References

<b>Name:</b>			
<b>Address:</b>			
<b>City, State, Zip:</b>			
<b>Phone Number:</b>		<b>Contact:</b>	
<b>Fax Number:</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>City, State, Zip:</b>			
<b>Phone Number:</b>		<b>Contact:</b>	
<b>Fax Number:</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>City, State, Zip:</b>			
<b>Phone Number:</b>		<b>Contact:</b>	
<b>Fax Number:</b>			

**Customer Requested Credit Limit:**

There is no guarantee that the requested credit limit will be granted.

To any bank used by: \_\_\_\_\_  
(Print name of your company above)

By a copy of this document, you are authorized to release information regarding my/our account to

Creative Millwork LLC. Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal Signature)

\* \* \* *Signature also required on bottom of Page 1* \* \* \*  
*Please fax back to 630-762-1112*

**Creative Millwork use only:** \_\_\_\_\_ **Sales Rep:** \_\_\_\_\_  
(Approved Credit Limit) (Initials)