



W.A. Whitney Co. • 650 Race St. • P.O. Box 1206 • Rockford, IL 61105

Tel: 815-964-6771 • Fax: 815-964-3175 • www.wawhitney.com

**APPLICATION FOR CREDIT TERMS**

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

**BUSINESS INFORMATION:**

LEGAL BUSINESS NAME: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

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

Type of Business: Corporation  Partnership  Sole Proprietorship  L.L.C.  L.L.P.

Status of Business: New  Established  Years in Business: \_\_\_\_\_

Owner/Principal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street (home address): \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Do any unsatisfied judgments exist? Yes  No  If yes, please explain at the bottom of page 2.

Have you ever filed Bankruptcy? Yes  No  If yes, please explain at the bottom of page 2.

Federal Tax ID Number or Social Security Number: \_\_\_\_\_

Tax Exemption Number : \_\_\_\_\_ Resellers Number: \_\_\_\_\_

**BANK AND TRADE RELATIONSHIPS:**

Primary Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Operating Line of Credit Current Balance: \_\_\_\_\_ Maximum Available: \_\_\_\_\_

Other Bank/s: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Operating Line of Credit Current Balance: \_\_\_\_\_ Maximum Available: \_\_\_\_\_

**TRADE REFERENCES:**

**MACHINERY SUPPLIERS/BUILDERS:**

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



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**OTHER SUPPLIERS:**

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

In consideration for credit being extended, I/We acknowledge and agree to the following (1) payment is jointly, severally, and unconditionally guaranteed according to invoice terms, (2) any charges unpaid after terms are to be increased by 2% per month, (3) any charges still outstanding after terms are subject to collection, and all collection or arbitration expenses, attorney’s fees, and court costs will be borne by the purchaser, (4) a UCC-1 blanket security filing will be made covering all purchases from W.A. Whitney Company.

I/We authorize the above bank and business references to give any and all necessary information to you, your assignees or transferees, which will assist you in your credit inquiry. This application is given for the purpose of obtaining credit. I/We hereby certify under penalty of law that the foregoing information is true and complete. In the event of any material changes in my/our financial condition, I/we will notify you immediately in writing. I/We understand that this information is intended for the use of your credit department only and will be held in the strictest confidence.

**CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED AND VERIFIED.**

**ADDITIONAL COMMENTS / EXPLANATIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED APPLICATION TO:  
KRISTY D. STRAWN, CREDIT MANAGER  
PHONE: 800-201-2516  
FAX: 877-209-1040  
E-MAIL: KDSTRAWN@MEGAMFG.COM**