



7 Eastgate Drive · Jacksonville, Illinois 62650
217-245-2183 · Fax: 217-243-7634 · www.ilmoproducts.com

Office Use Only
Customer # _____
Credit Limit/Terms _____

APPLICATION FOR CREDIT

NAME _____ DATE _____

DUNS# _____

PARENT COMPANY _____ FEIN# / SS# _____

MAILING ADDRESS _____

CITY _____ ST _____ ZIP _____

SHIPPING ADDRESS _____

CITY _____ ST _____ ZIP _____

TELEPHONE NUMBER _____ FAX NUMBER _____

OWNERS OR _____

OFFICERS NAMES _____

IS BUSINESS A CORPORATION YES NO YEAR _____ STATE _____

TYPE OF BUSINESS / PLACE OF EMPLOYMENT _____

AT PRESENT LOCATION SINCE _____ YEAR ESTABLISHED _____

PURCHASE ORDERS REQUIRED YES NO SALES TAXABLE YES NO

(IF NO, CERTIFICATE REQUIRED)

JOB SITE _____ CONTACT PERSON _____

AMOUNT REQUESTING _____ TERMS REQUESTING _____

BANKING INFORMATION

NAME OF BANK _____ CONTACT _____

ADDRESS _____ EMAIL _____

TELEPHONE _____ FAX _____

CITY _____ STATE _____

CREDIT REFERENCES – Three (3) Business needed

NAME _____ TELEPHONE _____

ADDRESS _____ FAX _____

EMAIL _____

NAME _____
ADDRESS _____
EMAIL _____

TELEPHONE _____
FAX _____

CREDIT REFERENCES - Continued

NAME _____
ADDRESS _____
EMAIL _____

TELEPHONE _____
FAX _____

HOW WOULD YOU LIKE TO RECEIVE YOUR INVOICES AND STATEMENTS?

FAX FAX NUMBER _____
 EMAIL EMAIL ADDRESS _____

SIGNED _____ PRINT NAME _____

DATE SIGNED _____ TITLE _____

Terms and Conditions located on our website (WWW.ILMOproducts.com)