

# CREDIT APPLICATION

Replogle Globes Partners LLC  
125 Fencil Ln.  
Hillside, IL 60162

**PLEASE FAX TO 855-865-3742 OR EMAIL TO: info@replogleglobes.com**

## BUSINESS CONTACT INFORMATION

Company Name:

Phone:

Fax:

E-mail:

Registered Company Address:

City:

State:

ZIP Code:

Date Business Commenced:

Partnership:

Corporation:

## BUSINESS AND CREDIT INFORMATION

Primary Business Address:

City:

State:

ZIP Code:

How Long at Current Address:

Phone:

E-mail:

Fax:

Bank Name:

Bank Address:

Phone:

City:

State:

ZIP Code:

Type of Account:

Account Number:

Savings:

Checking:

## BUSINESS AND TRADE REFERENCES

Company Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of Account:

Company Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of Account:

Company Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of Account:

## AGREEMENT

1. All invoices are to be paid 30 days from date of the invoice
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Replogle Globes Partners LLC to make inquiries into banking and business/trade references that you have supplied

## SIGNATURE

I certify that all information is correct.

Signature:

Printed:

Date: