| 16 | | Wholesale Food Kalb, IL 60115 Ph. (815) 758-1944 I | - |
|---|---|---|--|
| | | ON FOR A BUSINE | |
| | BUSINES | S CONTACT INFORMATION | I |
| Title: | | | |
| Company name: | | | |
| Phone: | Fax: | E-mail: | |
| Registered company addr | ess: | | |
| City: | | State: | ZIP Code: |
| Date business commence | d: | | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |
| | BUSINESS | AND CREDIT INFORMATIO | N |
| Primary business address | : | | |
| City: | | State: | ZIP Code: |
| How long at current addre | ess? | | |
| Telephone: | Fax: | E-mail: | |
| Bank name: | | | |
| Bank address: | | Phone: | |
| City: | | State: | ZIP Code: |
| Type of account | Account number | | |
| Savings | | | |
| Checking | | | |
| Other | | | |
| | BUSIN | ESS/TRADE REFERENCES | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | 2 0000 |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | |
| | Ι αλ. | L-man. | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | Chata | |
| City: | F | State: | ZIP Code: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| past due balances sh necessary, customer(signature below binds | all be charged interest at a ra (s) are responsible for all coll | ate of 1.5% per month until paid in full. ection costs, including but not limited resented and the signee personally. L | d payable in full within 7 days of sale. All Should collection procedures be to court costs and all Attorneys fees. The iability shall be joint and several between |
| | | SIGNATURES | |
| | | | |
| | | | |
| Title: | | Title: | |
| Date: | | Date: | |