



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Owner or officer name and title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/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 the date of the invoice.**
2. Schulte Electro Systems Corporation standard terms and conditions apply to all orders.
3. By submitting this application, you authorize Schulte Electro Systems Corporation to make inquiries into the banking and business/trade references that you have supplied.

AUTHORIZED SIGNATURE (OWNER OR OFFICER)

Title:
Date:

Please return to:
Schulte Electro Systems Corporation
41W020 Seavey Road
Sugar Grove, IL 60554-9573
FAX: 1-630-406-0505