

McHENRY STORE

904 N. FRONT ST (RT.31) McHENRY, IL. 60050 (815) 385-3232 FAX (815) 385-9432

CRYSTAL LAKE STORE

5407 E. TERRA COTTA AVE (RT.176) CRYSTAL LAKE, IL. 60014 (815) 455-3232 FAX (815) 455-6505

ALGONQUIN STORE

914 W. ALGONQUIN RD (RT.62) ALGONQUIN, IL. 60102 (847) 658-9000 FAX (847) 658-9184

APPLICATION FOR CREDIT

Company Name				Date		
Address	s City			State		
Zip Accounts l	Payable: Name			Tax	Exempt?	Number
Phone Number		Fax Number			_ Year Est	
Owners NamePhone		Home A	ddress			
Nature Of Business Proprietorship Pa	nrtnership	Fed. I. Corporation	D. No			
Is A Purchase Order Required?	P Blank	tet P.O. Number? _				
List Persons Authorized To Si Name			_ Title			
Name			_ Title			
NameReferences:			_ Title			
Bank	State	Address _				
List Three Business References						
Name						
Address C	ontact	Fax				A
NameAddress					A	
Phone C	ontact	Fax		amer	rican ren	tal association
Name						
Address C	ontact	Fax		TERM	1S: NET 30 I	DAYS
Please choose how you want y Statements: Mail Fax_ Closed Invoices: Fax E	E-mail	Ü	ent	PAYABLE N ACCOUNTS	NET 10TH OF T	OUNTS ARE DUE AND HE MONTH. PAST DUE AYMENT PENALTIES
E-Mail Address				FAX	815-38	5-9432
Sorry, but invoices will not be s						
SIGNATURE			Т	TITLE		

Please be sure ALL spaces are filled in to ensure a prompt response.

When your account is approved you may charge in Crystal Lake, McHenry, and Algonquin locations. You will recieve one statement with all charges due by the 10th of each month. Please direct all payments and inquiries to the MCHENRY location.