

Able Service & Supply

Credit Application

Please fill in all the blank fields. When all of the fields are filled in please print out this document and sign where indicated on page 2. When done close this window to return to the document underneath. Your completed application should be faxed to accounting @ 1-847-679-7855.

Able Service & Supply appreciates the opportunity to supply you with our products. In order to avoid delays in shipments or the need to send products C.O.D., Able Service & Supply will extend credit terms of net 30 days to qualified customers. If you wish to open a 30 Day Account, simply printout this form, supply the information requested, sign and fax the form back to our accounting department. Until approval is received, Your purchases must be paid for by cash, C.O.D., American Express, Visa, Discovery or MasterCard. Shipments made C.O.D. to you are not an inconvenience for us to provide, we are just offering an alternate method of payment that may be more convenient for you.

COMPANY INFORMATION:

Company Name: _____ Date: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Type of Business: _____ FEIN Number: _____

Year Company Established: _____ Tax Exemption Certificate: _____

Resale Number (Please Furnish Copy of Certificate): _____

OWNER (S)/OFFICER (S) INFORMATION:

Check one: CORPORATION PARTNERSHIP PROPRIETORSHIP

Name: _____ Social Security Number: _____

Street: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Name: _____ Social Security Number: _____

Street: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Years Under Current Management: _____

TRADE REFERENCES (COMPANIES THAT EXTEND YOU NET TERMS):

Company Name: _____ Account Number: _____

Street: _____ City: _____

State: _____ Zip: _____ Phone: _____
Company Name: _____ Account Number: _____
Street: _____ City: _____
State: _____ Zip: _____ Phone: _____
Company Name: _____ Account Number: _____
Street: _____ City: _____
State: _____ Zip: _____ Phone: _____

BANK REFERENCE:

Bank Name: _____ Account Name: _____
Street Address: _____ Account Number: _____
City: _____ State: _____ Zip: _____ Contact: _____
Phone Number: _____

APPLICANT MUST READ AND SIGN

I hereby certify that I am duly authorized to make this application and allow verification of the above information. I guarantee payment of all bills when due, and acknowledge a delinquency assessment at the maximum allowable interest rate by law until paid. In the event the account is placed with an attorney for collection or suit of the same is collected through probate or bankruptcy proceedings, then an additional reasonable amount shall be added to the same as attorneys fees. It is understood and agreed that any checks returned to us by your bank shall be charged a service fee. Any account with an N.S.F. check shall be placed on a C.O.D. cash only basis for a probationary period to be determined by the Credit Department. This guarantee shall be continuing, absolute and unconditional and shall remain in full force and effect until written notice of its discontinuance is sent by certified mail or registered mail, return receipt requested and actually received by Able Service & Supply and until any and all indebtedness existing before receipt of such notice shall be paid in full.

Name: _____ Signature: _____ Date: _____

INSTRUCTIONS FOR PROCESSING THIS FORM:

1. Fill out form completely and sign where indicated above
2. Fax completed form to number listed at the top of this application
3. If you have any questions, please call us toll free at 1-800-842-3620
4. If you wish to mail in this application, send it to:

Able Service & Supply
Accounting Department
7323 N. Monticello Ave
Skokie, IL 60076

Thank you for the opportunity to be of service.