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806 W. Bradley Ave.  
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 Kankakee, IL 60901  
 (815) 933-5581  
 (815) 933-8799 fax

### CREDIT APPLICATION FOR INDIVIDUALS

NAME:			
STREET:		CITY:	STATE: ZIP CODE:
PHONE:		FAX:	
DRIVER'S LICENSE:		S.S. #	
PLACE OF EMPLOYMENT:		PHONE:	
TRADE REFERENCES (other businesses you have credit with)			
1)	PHONE	FAX	
2)	PHONE	FAX	
3)	PHONE	FAX	
AMOUNT OF CREDIT PER MONTH BEING REQUESTED:			
<p>Applicant hereby applies for credit. The undersigned hereby agrees to pay for any and all purchases made on the account. Any payments not made as agreed herein shall bear an interest rate of 2 % per month from the due date until paid. In the event of a default in the payment of any amount due hereunder, and if this account is placed with an agency or attorney for collection or legal action; to pay an additional sum equal to collection costs, attorney's fees, court costs, and all such other costs as may be incurred and permitted under the laws governing these transactions. This agreement shall be construed and enforced under ILLINOIS law and jurisdiction shall be in VERMILION county.</p> <p>We certify that all the information on this form is correct, and that we fully understand your credit terms and agree to the proper payment in consideration of the extended credit.</p> <p>CUSTOMER CREDIT TERMS ARE FULL PAYMENT DUE WITHIN 30 DAYS FROM INVOICE DATE.</p>			
Customer Signature:		Date:	