



Shamrock Chicago Corporation

New Customer Credit Application

Company Name (d/b/a):

Phone Number:

Fax Number:

Billing Address:

Street

City

State

Zip

Delivery Address:

Street

City

State

Zip

Accounts Payable Contact:

AP Contact's Phone:

Bank Name and Contact:

Bank Address:

Bank Phone:

Tax Status:

If tax exempt, please return copy of tax certificate

FEIN:

Credit Limit Requested:

Credit References:

1)

Name/Address

Phone Number

Email

Fax Number

2)

Name/Address

Phone Number

Email

Fax Number

2)

Name/Address

Phone Number

Email

Fax Number

Type of Business:

Date Established:

Corporate Officers:

Name:

Title:

Name:

Title:

Please return to:

Dave Wells
Shamrock Chicago Corp.
1827 Walden Office Sq, Ste. 590
Schaumburg, IL 60173

Phone:

847-701-0376

Fax:

847-701-0381

Email:

dave@shamrockchicago.com

- 1) Shamrock Chicago's standard credit terms are Net 30 days. Credit is contingent upon prompt payment.
- 2) If your account falls delinquent we retain the right to obtain collection agencies and/or attorneys. You will be liable for all applicable costs and/or court fees associated with the collection of amounts due.
- 3) By submitting this application you authorize Shamrock Chicago to make inquiries to the references provided above.
- 4) To process orders Shamrock Chicago must receive written purchase orders.

Authorized Signature:

Print Name:

Title:

Date: