



224 Main Street  
Port Byron, IL 61275  
(309) 523-2121  
Fax (309) 230-9745

## Credit Application

### Section 1: Company Information

Company Name: \_\_\_\_\_

Partnership: [ ]

Company Address: \_\_\_\_\_

Corporation: [ ]

City/State/Zip Code: \_\_\_\_\_

Sole Prop.: [ ]

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

How long in business: \_\_\_\_\_

Dun & Bradstreet Rating: \_\_\_\_\_

Credit Limit Requested: \_\_\_\_\_

**List all owners of record if your company is a sole proprietorship or partnership**

Payment terms are Net 30 days with Finance Charge of 1 ½% per month, 18% per annum, on all balances unpaid after 30 days. If there are any questions about your account, send them to Sandstrom Products Company, 224 South Main Street, Port Byron, IL 61275. All information given on this credit application will be held in strict confidence. No information will be given out unless authorized by you.

Applicant Signature

Title

Date

### Section 2: Credit Information (Optional if attaching credit information sheet)

1. Resale Number: \_\_\_\_\_

2. Federal Tax Number: \_\_\_\_\_

3. Current Bank Accounts:

Bank: \_\_\_\_\_

Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

Account #: \_\_\_\_\_

4. Trade References:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

High Credit: \_\_\_\_\_

High Credit: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

High Credit: \_\_\_\_\_

High Credit: \_\_\_\_\_

### **THIS AREA FOR SANDSTROM USE ONLY**

Submitted by: \_\_\_\_\_ Credit Limit Approved: \_\_\_\_\_

Acct # Assigned: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_