



PO Box 4106
 Springfield, IL 62708
 (217) 788-2100
 (217) 788-2133 fax

LOCATIONS (Check Primary Branch)		
<input type="checkbox"/> Bloomington	<input type="checkbox"/> Edwardsville	<input type="checkbox"/> Peru
<input type="checkbox"/> Carbondale	<input type="checkbox"/> Evansville	<input type="checkbox"/> Quincy
<input type="checkbox"/> Champaign*	<input type="checkbox"/> Hannibal,MO	<input type="checkbox"/> Rockford
<input type="checkbox"/> Danville	<input type="checkbox"/> Mattoon	<input type="checkbox"/> Springfield*
<input type="checkbox"/> Davenport,IA	<input type="checkbox"/> Moline	<input type="checkbox"/> Terre Haute,IN
<input type="checkbox"/> Decatur	<input type="checkbox"/> Mt Vernon	<input type="checkbox"/> Vincennes,IN
<input type="checkbox"/> East Peoria	(*Lighting & Design locations)	

If additional, please list: _____

COMMERCIAL CREDIT APPLICATION

Date: _____

Legal Firm

Name: _____ Phone (____) _____ - _____
 _____ Fax (____) _____ - _____

Mailing Address: _____

 City State Zip

EMAIL _____
 Shipping Address: _____

 City State Zip

Type of Business: _____ SIC/NAICS: _____
 Proprietorship LLC
 Partnership Date Established: ____/____/____
 Corporation In what State? _____
 *(Corporations of 4 yrs or less require personal guaranty signature on back)

Principals of Business: (INCLUDE NAME, ADDRESS, PHONE AND SOCIAL SECURITY NO.)

Name	Title	Address	City	State	Phone	SSN

Name	Title	Address	City	State	Phone	SSN

Person Responsible for Payables _____ Phone (____) _____ - _____

Anticipated Annual Purchases \$ _____ Monthly Credit Line Requested \$ _____

Taxable _____ CERTIFICATE MUST BE ATTACHED TO RECEIVE EXEMPTION STATUS
 (yes/no)

TRADE REFERENCES (Preferably Suppliers)

Name	City	State	Fax	Phone

Bank Name:

Street City State Fax Officer

Type of Accounts: Checking # _____, Savings # _____, Loans# _____

