



**CREDIT APPLICATION**

Business Name \_\_\_\_\_ Line of Credit Requested \$ \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Date Business Established \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

D/B/A Name \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

List Former Business(es) (if applicable) \_\_\_\_\_

Mortgage Holder/Landlord Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Illinois Business Tax Number (attach copy with Certificate of Resale) \_\_\_\_\_

Liquor License Number \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Ownership Type (check one):  Sole Proprietorship  Partnership  Corporation    Years in Business \_\_\_\_\_

Description of Type of Business \_\_\_\_\_

Officer/Owner Name(s)	_____	_____
	Name	Title
	_____	_____
	Name	Title
	_____	_____
	Name	Title

**Bank References**

Bank Name _____	Bank Name _____
Address _____	Address _____
City, State & Zip _____	City, State & Zip _____
Contact Name _____	Contact Name _____



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**CREDIT REFERENCES**

**LIST THREE VENDORS WHO WE CAN CONTACT REGARDING YOUR CREDIT HISTORY**

- 1. COMPANY NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY, STATE, AND ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_  
FAX # \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_
  
- 2. COMPANY NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY, STATE, AND ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_  
FAX # \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_
  
- 3. COMPANY NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY, STATE, AND ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_  
FAX # \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_



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Has the firm or any of its principals ever been bankrupt?  Yes  No

If yes, please explain \_\_\_\_\_

Any misrepresentation in this application will be considered evidence of fraud since the information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed, Net 30 days, and agrees to pay a service charge per month of 1 1/2 % (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business, the undersigned agrees to pay reasonable collection costs including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

\_\_\_\_\_  
(Name of Business)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

**PERSONAL GUARANTEE**

In consideration for G & M Distributors, Inc. extending credit to the business identified below for any products and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to G & M Distributors, Inc. by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between G & M Distributors, Inc. and the business. G & M Distributors, Inc. shall not be obligated to notify the undersigned of the dates or the amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance, which may be extended by G & M Distributors, Inc.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested, is received by G & M Distributors, Inc. Said notice shall specify the date on which the guaranty is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date \_\_\_\_\_ Name \_\_\_\_\_  
(Name of person guaranteeing payment)

Home Address \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_

Signature of person guaranteeing payment \_\_\_\_\_

Name of Business whose account is guaranteed \_\_\_\_\_

**Credit Department Use Only**

Line of Credit:  Approved  Denied Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Terms \_\_\_\_\_

Comments: \_\_\_\_\_