

Millenia Products Group

1345 Norwood Ave.
Itasca, IL 60143
Tel: 630-458-0401
Fax: 630-458-0405

CREDIT APPLICATION

BILLING/SHIPPING INFORMATION

Official Company Name: _____

Bill to: _____ Ship to: (if different) _____

Main Phone: _____ Main Fax: _____

COMPANY INFORMATION

Check One: Corporation Partnership Individual

Date Established: _____ Type of Business: _____

D&B No.: _____ Trade Name/DBA: _____

Federal Tax ID# (For Corporaion): _____

BANK INFORMATION

Name of Bank: _____ City: _____

Check Account No. _____ State: _____ Zip: _____

Loan Account No. _____ Phone: _____

Address: _____ Fax: _____

PRESENT MAJOR SUPPLIER/TRADE REFERENCES

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

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State Sales Tax Status: Exempt _____ State _____ Resale# _____

If Claiming Tax Exemption Status, You Must Enclose A Copy Of Your Exemption Certificate.

If Claiming Is Approved, Standard Terms Are: ½% 10, Net 30 For Steel Sales, Net 10 For Toll Processing And Storage.

Applicant's signature certifies that the above information is correct. As part of the application for credit, we grant permission to contract consumer credit reporting agencies, commercial credit reporting agencies, and any or all of the trade and bank references listed above, together with any other references which may be provided by these trade and bank references.

Date

Signature

Title

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Order Acknowledgment and Invoice Receipt

Order Acknowledgement (Please choose either fax, email, and/or mail)

Forward To: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Mail

Invoice (Please Choose either fax, email, and/or mail)

Forward To: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Mail

Company Name: _____

Authorized Signature: _____

Printed Name: _____

Date: _____