CENTRAL RUBBER EXTRUSIONS of IL, Inc.

Customer Credit Application

Company Name: _____

Billing Address: _____ Shipping Address: _____

Street Address: _____ Street Address: _____

City: _____ State: ____ Zip Code: _____ City: _____ State: ____ Zip Code: _____

Phone No.: _____ Fax No.: _____

Is this a Residential Address? ☐ Yes ☐ No Is this a Residential Address?: ☐ Yes ☐ No

E-Mail Address for Accounts Payable: _____

Website Address: _____

Company Contacts:

Key Contact: _____

President: _____

Vice-President: _____

Purchasing Agent: _____

Tax ID Number: _____

Note: We are registered with the State of IL Sales & Use Tax Dept. only. We are NOT authorized to collect Sales & Use Tax in any other state. You must report any tax owing to your state.

Bank Reference:

Name of Bank: _____ Acct. No.: _____

Address: _____

Street Address City State Zip Code

Contact: _____ Phone No.: _____

Trade References (list three):

	Reference #1	Reference #2	Reference #3
Company Name			
Street Address			
City, State Zip			
Phone #	#	#	#
Fax #	F#	F#	F#

FOR CENTRAL RUBBER EXTRUSIONS INTERNAL USE ONLY

Approval: _____

Name Title Date

Terms: _____ Authorized Credit Limit: $_____