



180 Covington Drive
Bloomingdale, Illinois
60108-3105

Telephone: 630-980-1133
Fax: 630-980-1232
Email: info@diequa.com

CREDIT APPLICATION

Firm Name: _____ Date: _____
Address: _____ Phone: _____
City: _____ State _____ Zip _____ Own/Rent Bldg.: _____
Type of Business _____ Owned Since: _____

Ownership: Sole Ownership _____ Partnership _____ Corporation _____

Owner: _____
Name Address Phone

Partners: (1) _____
Name Address Phone

Partners: (2) _____
Name Address Phone

Corporation: President: _____ Treasurer _____

Vice President: _____ Secretary: _____

Bank _____
Name/Branch Phone Acct. No. Checking _____
Address Fax Acct. No. Savings _____

Account numbers must be provided to obtain necessary credit information.

Applicant's signature agrees to pay their account within our credit terms. All accounts are payable as noted on each invoice. Accounts not paid with the terms reflected shall be subject to a service charge of 18% annual percentage rate.

Applicant's signature agrees to pay interest on all delinquent amounts due at the applicable legal rates from respective dates of delinquency. Also to pay all costs of collection, including reasonable attorney fees incurred our company caused by non-payment of account.

Applicant's signature hereby gives permission to disclose its experience with the bank indicated in this application, to our company. This information is to be used in consideration of granting an open account to the applicant. All information will be held in the strictest of confidence.

This application must be signed by a proprietor, Partner or Officer of the company.

Submitted by:

Signature

Name (Please Print) Title Date
(Continued on next page)



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TRADE REFERENCES

NOTE: Failure to provide current Phone/Fax numbers may result in a delay in processing your application.

1) Name _____ Phone _____ Fax _____

Address _____ City _____ State/Zip _____

2) Name _____ Phone _____ Fax _____

Address _____ City _____ State/Zip _____

3) Name _____ Phone _____ Fax _____

Address _____ City _____ State/Zip _____

4) Name _____ Phone _____ Fax _____

Address _____ City _____ State/Zip _____

PLEASE RETURN BOTH PAGES FOR PROPER CREDIT PROCESSING.

THANK YOU FOR YOUR ASSISTANCE,

DIEQUA CORPORATION