

CREDIT APPLICATION

	1				
	Legal Business Name	Legal Business Name			
Your	Street Address	Street Address			
Business Bill 1 Address:	City, State, Zip	City, State, Zip			
	Tel #		Fax #		
Your	_ Street Address	Street Address			
Business Ship Address:	City, State, Zip				
- 13-3	Check One:				
		☐ Individual ☐ Partnership ☐ Corporation Federal ID #			
	State Resale #			Years in Business	
	Parent Co.			D&B Rating	
Business Referer	nces				
Name		Street Address			
City, State, Zip		FAX#			
Contact	Acct#				
Name	Street Address				
City, State, Zip		FAX#			
Contact		Acct#			
Name		Street Address			
City, State, Zip		FAX#			
Contact		Acct#			
Name	Street Address				
City, State, Zip		FAX#			
Contact		Acct#			
Bank Reference					
Bank Name		Street Address			
City, State, Zip		Tel#			
Checking Acct #		Contact			
Fax Completed Application to Electro-Stock. Attn: Credit Manager					
Fax:	Fax: 630-682-1562 Questions? 630-682-1542				