

**1Source Material Handling**  
P.O. Box 400, 302 McDowell Road  
Murphysboro, IL 62966  
PH-800-215-4999  
FX-618-687-1913

CREDIT APPLICATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Officers of Company	Title	Phone#	Fax#
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Name of person to contact Re: Invoice payments:

\_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Bank Reference-Include Address	Contact	Phone/Fax
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Three (3) Trade References:

Company	Address	State/Zip
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Contact	Phone	Fax
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Company	Address	State/Zip
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Contact	Phone	Fax
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Company	Address	State/Zip
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Contact	Phone	Fax
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MONTHLY CREDIT LIMIT DESIRED \$ \_\_\_\_\_ Should you agree this application, I (we) agree to pay for all goods within (30) days of receipt of order. Payments exceeding 30 days are subject to ½% charge per month 1Source Material Handling is authorized to contact any referenced or bank listed above. It is understood that any information so obtained will be used to solely for the basis of granting credit.

The above information is herewith submitted for the purpose of opening an account & I do hereby certify this information to be true.

SHOULD IT BECOME NECESSARY TO COLLECT THIS ACCOUNT BY LEGALPROCEDDING OR OTHERWISE, THE UNDERSIGNED INCLUDING ENDORSERS, PROMISE TO PAY ALL COSTS OF COLLECTION, INCLUDING RESONABLE ATTORNEY'S FEES.

Officers Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be signed by an officer of the company)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_