

# Business Information/Credit Application

## SCRIP COMPANIES

360 VETERANS PARKWAY STE 115  
BOLINGBROOK, IL 60440  
630-771-7400 MAIN 877-610-4844 FAX

Standard Payment Terms: Net 30 Days from Invoice Date  
FEDERAL TAX ID #37-0898556

Date: \_\_\_\_\_

Credit Line Requested (Check one) - \$500 \_\_\_\_\_, \$1000 \_\_\_\_\_, \$1500 \_\_\_\_\_, \$2500 \_\_\_\_\_, \$5000 or more \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Business (Example – Hospital, Doctor, Chiropractor, School, etc):  
\_\_\_\_\_

Trade References: (Suppliers you have done business with for at least 1 year on credit)

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Account #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Account #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Account #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Bank References:

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

City/St: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Account #: \_\_\_\_\_

Firm is a: Proprietorship ( ) Partnership ( ) Corporation ( ) Business Started: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Date incorporated: \_\_\_\_\_ Tax-exempt #: \_\_\_\_\_

**(Please include a copy of your resale or sales tax exemption certificate and attach financial statements)**

Firm is a: Branch ( ) Division ( ) Subsidiary ( ) Federal ID # \_\_\_\_\_

Of Parent Company: \_\_\_\_\_ Address, City, State: \_\_\_\_\_

If you belong to a membership group please list name and group number - \_\_\_\_\_

Proprietors, Partners, Officers:

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our financial condition. A copy of this document shall be as the original. Applicant promises to pay for all purchases in accordance with the terms and conditions of the sale as disclosed on Scrip Companies invoices.

**Application must be signed and dated by an authorized bank account signer/officer of the company.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_