



DESIGNLAB CHICAGO

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www.designlab-chicago.com

CreditAppforDlabCustomers

CREDIT APPLICATION **PLEASE TYPE OR PRINT NEATLY**

Please Note: Failure to provide accurate and complete information may result in denial of credit. Please answer all questions below; please note N/A if question does not apply. Please allow 4-5 business days for applications to be processed.

If you do not include fax numbers for your references, it can increase the application process to several weeks.

Basic Information

Business Name _____ Date _____

Trade Name or DBA _____

Mailing Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Shipping Address _____ Year Started _____

City _____ State _____ Zip _____ FEIN # _____

Description of business _____

Type of business: Corporation _____ Partnership _____ Sole Proprietorship

Tax Exempt Status: Resale _____ Non-for-profit _____

Amount of credit requested _____ Do you use purchase orders? _____

Name of person(s) authorized to make purchases:

Name of person responsible for accounts payable _____

Has applicant or any principal ever filed a voluntary petition in bankruptcy? _____

Has a tax lien been filed against applicant or principal within last six months? _____

Information on Officers / Owners

Name: _____ Title _____

Address _____ Phone _____

City _____ State _____ Zip _____ Social Sec. # _____

Name: _____ Title _____

Address _____ Phone _____

City _____ State _____ Zip _____ Social Sec. # _____

Name: _____ Title _____

Address _____ Phone _____

City _____ State _____ Zip _____ Social Sec. # _____

(continued)

Property Information

Owned _____ Year Purchased _____ Rented _____ Lease Expires _____

Banking Information

Bank Name _____ Contact _____

Address _____ Phone _____

City _____ State _____ Zip _____ Acct. # _____

Trade References

**PLEASE include fax numbers! If no fax numbers are included,
it can seriously delay the processing time of your application!**

Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Contact _____

Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Contact _____

Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Contact _____

Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Contact _____

Conditions Of Sale

In Consideration of Designlab Chicago extending credit to the applicant, the applicant agrees to pay for all items delivered to, or at the request of, the applicant in accordance with the terms of the invoice: Any unpaid invoice on the last day of the month in which it is due will be subject to a 1 1/2 % monthly service charge, and an additional 1 1/2 % service charge (18% APR) will be due every thirty days thereafter. A waiver of any one or more service charge(s) shall not be deemed to be a waiver of any future service charge(s). Applicant further agrees that with regard to such service charges, the applicant and Designlab Chicago, Inc. are parties to a written contract. Should it become necessary to place the account with a collection agency or attorney, the applicant agrees to pay all collection costs and attorney fees in addition to other sums due.

Applicant, in signing this application, also authorizes the above listed banking and trade references to respond to credit inquiries regarding applicant's account.

Understood and Signed _____ Date _____

Print Name _____ Title _____