

Builders Cabinet Supply,

401 N. Western Ave., Chicago, IL 60612 (312-829-4300)

Credit Account Application

Date: _____

Fax: 312-829-4341

Application Information:

Company Name: _____ Fed. ID# _____
Owner Name: _____ S.S. # _____
Driver License #: _____

Billing
Name: _____ Tel: _____ Fax: _____
Address: _____ City/St: _____
Zip Code: _____

Credit References:

Acct.
Name: _____ Acct.# _____ Tel: _____
Acct.
Name: _____ Acct.# _____ Tel: _____
Acct.
Name: _____ Acct.# _____ Tel: _____

Bank Information

Name: _____ Tel: _____ Fax: _____
Address: _____ City/St: _____
Zip Code: _____
Account #: _____
Banker Name: _____

This application is being made with the understanding that payment for all merchandise is due within 30 days after the date of invoice. A finance charge of 1.5% will be added to the outstanding balance each month for any amount past due. (This is an Annual Rate of 18%). If necessary all attorney collection fees and court costs will be added to the outstanding balance past due.

I hereby apply for credit subject to the above terms, and personally guarantee payment.

Signature: _____ Date: _____