

*To ensure prompt and fair evaluation of your credit application,
it is necessary to supply us with all information requested.
Applications for credit may take up to 4-6 weeks for processing.*

ABOUT YOUR BUSINESS:: _____

Business Name: _____ D.B.A. _____

Business is a: sole proprietorship s-corporation partnership corporation

Owner: _____ Telephone No: (____) _____

Owner (if partnership): _____ Telephone No: (____) _____

Owner (if partnership): _____ Telephone No: (____) _____

Manager: _____ Telephone No: (____) _____

Number of years in business: _____ under current ownership: _____ at current location: _____

Federal ID or Social Security No: _____ D & B No: _____

This business is is not subject to Illinois State Sales Tax. If not, please indicate:

Reseller's Cert. # or Tax Exempt #: _____ State of Issue: _____ check one: Reseller Tax-Exempt

BILLING INFORMATION:: _____

Billing Address: _____
street city state zip

Telephone No: (____) _____ Fax No: (____) _____ Email: _____

Accounts Payable Manager: _____ Telephone No: (____) _____

SHIPPING INFORMATION:: _____

Shipping Address: _____
street city state zip

CORPORATE INFORMATION (if different from above):: _____

Corporate Name: _____

Corporate Address: _____
street city state zip

Corporate Contact: _____ Telephone No: (____) _____

BANK AFFILIATIONS:: _____

Bank: _____ Telephone No: (_____) _____

Address: _____
street city state zip

Account No: _____ Contact: _____

Permission to release account information: _____
signature of person having authority to sign for account

TRADE REFERENCES:: _____

1. Company Name: _____ Telephone No: (_____) _____

Address: _____
street city state zip

Account No: _____ Length of relationship (years): _____

2. Company Name: _____ Telephone No: (_____) _____

Address: _____
street city state zip

Account No: _____ Length of relationship (years): _____

3. Company Name: _____ Telephone No: (_____) _____

Address: _____
street city state zip

Account No: _____ Length of relationship (years): _____

GUARANTEE OF ACCOUNT:: _____

I, _____ *Name* _____ as an officer or duly appointed representative of _____ *Company Name* _____ do personally guarantee timely and complete payment of all invoices due Fire Concepts, Inc. It is mutually agreed by and between the parties that this agreement and the performance thereunder and all suits or proceedings herein shall be construed in accordance with, under and pursuant to the Laws of the State of Illinois, and that any action and proceeding brought or arising out of or in connection with this agreement be governed by the Laws of the State of Illinois with the venue for any such proceeding to be McHenry County, Illinois. I understand that all invoices shall be due and payable with terms such as are stated on the invoice of Fire Concepts, Inc., P.O. Box 772, Crystal Lake, IL 60039. I further agree to pay any expenses, including a reasonable attorney's fee, for any action brought to enforce any provision of this guarantee. I understand that this guarantee is a continuing guarantee and shall be binding upon the heirs, devisees, legal representatives and successors in interest of both myself, and the above named organization.

_____ (_____) _____
signature title date telephone no.

CREDIT POLICY AND PROCEDURE:: _____

I have read the credit policy dated _____ *Date* _____ provided by Fire Concepts, Inc. and as an officer or duly appointed representative of _____ *Company Name* _____ do accept and agree to the terms provided therein. Furthermore, it is mutually agreed by and between the parties that this agreement and the performance thereunder and all suits or proceedings herein shall be construed in accordance with, under and pursuant to the Laws of the State of Illinois, and that any action and proceeding brought or arising out of or in connection with this agreement be governed by the Laws of the State of Illinois with the venue for any such proceeding to be McHenry County, Illinois.

_____ (_____) _____
signature title date telephone no.