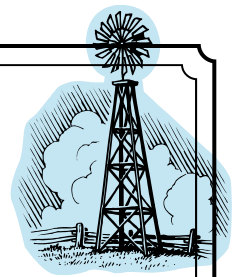


OUR MOTTO" YOUR SUCCESS IS OUR SUCCESS"

# KASKASKIA

SUPPLY AND RENTAL



2024 PROGRESS WEST-VANDALIA, IL 62471 618 283 9700 KASKAS123@AOL.COM FAX 618 283 2304

## APPLICATION FOR CREDIT

Please read the terms and conditions on the reverse side before filling out this application. We also accept Mastercard, Visa, Discover, and American Express credit cards.

COMPANY INFORMATION	PLEASE PRINT
COMPANY LEGAL NAME	
NAME TO BE USED ON ACCOUNT	
STREET ADDRESS	
CITY/STATE/ZIP	
PHONE	
FAX	
TYPE OF COMPANY	
DATE ESTABLISHED	
FEIN #	

### NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS

NAMES	TITLE	HOME ADDRESS	PHONE

### NAMES AUTHORIZED PURCHASERS

NAMES	TITLE	HOME ADDRESS	PHONE

IF YOU ARE CLAIMING EXEMPTION FROM ILLINOIS SALES TAX PLEASE ATTACH EXEMPTION FORM

Your Bank	Acct. #	Contact Name	Phone #	
Trade References	Address	City	State/Zip	Phone
1.				
2.				
3.				
4.				

Please list names only Credit Cards that you hold:

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### CREDIT TERMS AND CONDITIONS

Terms -Net 10 Service Charge 2% per Month

The undersigned Buyer certifies that the undersigned accepts the terms and that the undersigned has the authority to bind the Buyer. The Buyer acknowledges that the Document shall remain in full force and effect unless otherwise amended, rescinded, or terminated by the Seller. The Buyer also gives the Seller the right to investigate all bank and business references as well as all personal credit history provided by the Buyer in the completion of this application. The buyer also agrees to pay all attorney fees, court costs and other legal fees incurred by the seller to collect on any account. This agreement is deemed to have been entered into in the State of Illinois. The undersigned Buyer consents to personal jurisdiction in Fayette County, Illinois. Note that you are personally guaranteeing payment under the conditions set forth.

**NOTE:** If a Buyer does not have the money to make payment when due, arrangements should be made with a financial institution to make payment in full when due. **The full amount of the statement is due within 10 days of statement date.**

**Our agreement with you is for the statement to be paid in full at the due date of the statement,**  
not when your customer pays you or any other reason.

<b>PERSONAL CREDIT INFORMATION</b>					
First Name	_____	Initial	_____	Last Name	_____
Birth Date	____/____/____	Social Security #	_____	Monthly Salary	_____
Current Home Address ( number/street )					
City	_____	State	_____	Zip Code	_____
		Home Phone	_____		

COMMENTS

I agree to the terms and conditions set forth.

Signature		Print Signature		Date	
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