



445 PARK AVE • PO BOX 450 • SYCAMORE, IL 60178
PHONE: 800-383-2801 • FAX: 815-895-8206
www.genoabusforms.com

**CREDIT
APPLICATION
and
PURCHASE
AGREEMENT**

APPLICANT

FIRM NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

YEAR BUSINESS BEGAN _____ \$ AMOUNT OF CREDIT REQUESTED _____

RESALE TAX NO. _____

ILLINOIS _____

CONTACT NAME _____ PERIOD OF EMPLOYMENT _____

CITY/STATE/ZIP _____

DATE _____

IF THIS IS A NEW BUSINESS, LIST FORMS EXPERIENCE: _____

TRADE REFERENCES

COMPANY NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

FAX _____ EMAIL _____

COMPANY NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

FAX _____ EMAIL _____

COMPANY NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

FAX _____ EMAIL _____

COMPANY NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

FAX _____ EMAIL _____

PRESENT FORMS SUPPLIERS

COMPANY NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

FAX _____ EMAIL _____

COMPANY NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

FAX _____ EMAIL _____

COMPANY NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

FAX _____ EMAIL _____

COMPANY NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

FAX _____ EMAIL _____

TRADE REFERENCES

BANK NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

FAX _____ CONTACT PERSON _____

ACCOUNT NUMBER _____

BANK NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

FAX _____ CONTACT PERSON _____

ACCOUNT NUMBER _____

OWNERSHIP

OWNER NAME

HOME STREET ADDRESS

CITY/STATE/ZIP

FAX

EMAIL

SOLE OWNERSHIP

OWNER NAME

HOME STREET ADDRESS

CITY/STATE/ZIP

FAX

EMAIL

LLC **S CORP.**

OWNER NAME

HOME STREET ADDRESS

CITY/STATE/ZIP

FAX

EMAIL

PARTNERSHIP

PARTNER (1) NAME

HOME STREET ADDRESS

CITY/STATE/ZIP

FAX

EMAIL

PARTNER (2) NAME

HOME STREET ADDRESS

CITY/STATE/ZIP

FAX

EMAIL

CORPORATION

PRESIDENT NAME

HOME STREET ADDRESS

CITY/STATE/ZIP

FAX

EMAIL

VICE-PRESIDENT NAME

HOME STREET ADDRESS

CITY/STATE/ZIP

FAX

EMAIL

SECRETARY NAME

HOME STREET ADDRESS

CITY/STATE/ZIP

FAX

EMAIL

TREASURER NAME

HOME STREET ADDRESS

CITY/STATE/ZIP

FAX

EMAIL

IF BRANCH OR DIVISION, LOCATION OF HOME OFFICE

INVOICE TO: ILLINOIS BRANCH OR DIVISION

PAYMENTS WILL BE SENT FROM

PERSONS TO CONTACT REGARDING ACCOUNTS PAYABLE

STATEMENT OF POLICY

Orders from new accounts will not be processed unless preceded by the requested information. Applicant's signature attests financial responsibility, ability and willingness to pay in accordance with the terms stated on our invoicing. Payment is due 30 days from Genoa Business Forms, Inc.'s invoice date.

In the event of default, customer agrees to pay Genoa Business Forms, Inc. the amount past due, including a finance charge of 1½ per month (18% per annum) plus attorney and/or collection fee.

SIGNED

DATE

TITLE

COMPANY

MUST BE SIGNED BY AND OFFICER OF THE CORPORATION OR OWNER.

Personal Guarantee

To induce Genoa Business Forms, Inc. to approve this Credit Application and in consideration of its so doing, we the undersigned, do hereby jointly, severally and personally guarantee the above purchaser's full performance of said purchase agreement and hereby agree to indemnify Genoa Business Forms, Inc. against any and all damage, loss, expense (including attorney's fees) and/or liability sustained by Genoa Business Forms, Inc. by reason of or related to, the above purchaser's failure to perform or to pay when due, charges incurred in accordance with the above agreement. Genoa Business Forms, Inc. may enforce this agreement against the undersigned or any of them, jointly or severally, whether or not any action is ever taken by it against the above Purchaser.

NAME

NAME

SIGNED, PERSONALLY

SIGNED, PERSONALLY

MUST BE SIGNED BY AN OFFICER OF THE CORPORATION OR OWNER.

DATED THIS _____ DAY OF _____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____