

# Expert Plumbing Service, Inc.

1020 Star Lane  
New Lenox, IL 60451  
Phone: 888/517-4900 Fax: 815/485-2659

## COMMERCIAL CREDIT APPLICATION

All information contained herein is strictly confidential and will not be passed on to any individual or company.

Name of Business or Agent IN FULL: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

FEIN Number \_\_\_\_\_ Years in Business \_\_\_\_\_

Do you require P.O. Numbers? \_\_\_\_\_ Do you require Job Names? \_\_\_\_\_

Type of Business: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Privately Owned

LIST ALL CORPORATE OFFICERS, GENERAL PARTNERS OR BUSINESS OWNERS

(Name) (Title) (Address) (Phone) (Soc. Sec. No.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TRADE/PERSONAL REFERENCES - REQUIRED FIELD

(Name) (Account No.) (Address) (Phone)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BANK REFERENCES - REQUIRED FIELD

(Firm) (Account No.) (Address) (Phone)

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information provided herein is complete, true and accurate. The undersigned understands the following information is being submitted for the purpose of obtaining credit from **Expert Plumbing Service, Inc.** Customer also authorizes the investigation through banks and references cited herein and authorizes them to release any information required. By signature on this application, either personally or by acting Agent, the undersigned agrees to be personally responsible for all debt incurred as a result of work performed on open account by **Expert Plumbing Service, Inc.** It is further agreed that payment will be made as outlined on the **Expert Plumbing Service, Inc.** Invoice Form. Customer agrees to pay service charges of 1.5% per month or the highest rate allowed by law (whichever is the lesser) from the due date of each invoice to payment. In the event customer's account is placed for collection, customer agrees to collection and/or attorney fees. **Expert Plumbing Service, Inc.** will be notified of any changes in ownership or business form within 30 days of occurrence.

Signed \_\_\_\_\_ Print \_\_\_\_\_

Title (Agent or Owner) \_\_\_\_\_

Name & Address of Building to be Serviced:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

IF MORE THAN ONE BUILDING WILL NEED SERVICE, PLEASE PROVIDE LIST BELOW:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Contact Person \_\_\_\_\_