



A. W. Enterprises, Inc.

6543 SOUTH LARAMIE AVE BEDFORD PARK, ILLINOIS 60638 (708) 458-8989 FAX (708) 458 -9023

**APPLICATION FOR OPEN ACCOUNT**

Please fill out this entire applications (type or neatly print). Upon receipt, the references will be contacted and a reasonable line of credit will be established. Your cooperation will be appreciated. By submitting this credit application you hearby agree to pay a late fee of 2% per 30 days and any collection fees.

Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Year Established: \_\_\_\_\_ Line of Business: \_\_\_\_\_

Please check one of the following:

Corporation       Partnership       Sole Proprietorship

Name of principal: \_\_\_\_\_ Home #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

If a partnership or sole proprietorship, are you willing to sign a personal guarantee, If required?

Yes       No

**TRADE REFERENCES (MAJOR SUPPLIERS)**

(1) Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### COMMERCIAL BANK REFERENCE

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### PERSONAL BANK REFERENCE

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_