



2300 W. 167th STREET • MARKHAM, IL 60428 • TEL: 708.339.4100 • FAX: 708.331.4212

CREDIT APPLICATION & AGREEMENT

Firm or Individual				F.E.I.N.	
Address					
City		State		Zip	
Office Phone				Fax	
Cell Phone					

BUSINESS ORGANIZATION

State Of		Individual		Partnership		Corporation	
Years in Business				Type of Business			

OWNERS/PRINCIPALS

	Name of Principals	Home Address	Telephone	Soc. Security No.
1.				
2.				
3.				

TRADE REFERENCES

	Company Name	Email Address
1.		
2.		
3.		
4.		
5.		

The customer certifies the above credit information is correct and authorizes the above indicated bank and suppliers to verify said information and give additional requested information to Brackenbox, Inc. upon request. The customer agrees to be bound to the terms that accompany this agreement.

Signature

Title

Date



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PERSONAL GUARANTY

The undersigned personally guarantees any indebtedness incurred on the aforesaid account and waives presentment and demand for payment, notice of non-payment, protest and notice of protest, and consents without notice without any extensions of time or increase in the amount of the credit given. This is intended to be a continuing guaranty and shall continue as to all new indebtedness incurred unless and until written notice is served upon, by Certified Mail-Return Receipt Requested, declaring said personal guaranty shall not apply to future purchases.

Account Name: _____

_____ Signature	_____ Printed Name	_____ Address
_____ Signature	_____ Printed Name	_____ Address



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CUSTOMER ACCOUNT INFORMATION

MAIN CONTACT

Business Name			
Main Contact		Cell	
Email Address			

ACCOUNTS PAYABLE

Bill to Contact			Tax Exempt?	Y	N
Bill to Address			PO# Required?	Y	N
Bill to City		State	Bill to Zip		
Bill to Phone			Bill to Fax		
Bill to Email Address			Email Invoices?	Y	N
Additional Info?					

- Email completed form to marikate@brackenbox.com or fax to 708-331-4212.
- Please include tax exempt letter, if applicable.