



Grommes~Precision

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CONFIDENTIAL CREDIT APPLICATION

DATE _____

COMPANY NAME _____ PHONE _____ FAX _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PARENT COMPANY _____ CORPORATION () PARTNERSHIP ()

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

NAME OF PRINCIPLES OF FIRM

PRESIDENT _____ VICE PRESIDENT _____ CONTROLLER _____

DO YOU USE PURCHASE ORDERS? Y/N P.A. OR AUTHORIZED PERSON _____

RESALE STATE TAX NUMBER _____ HOW LONG IN BUSINESS? _____

TYPE OF BUSINESS _____ MAIN PRODUCT _____

NUMBER OF EMPLOYEES _____

***CREDIT USE ONLY:**

BANK-CHECKING: NAME _____ BRANCH _____ PHONE _____

BANK-LOAN: NAME _____ BRANCH _____ PHONE _____

TRADE CREDIT REFERENCES:

(1) NAME _____ PHONE _____ FAX _____

ADDRESS _____ ACCT: _____

(2) NAME _____ PHONE _____ FAX _____

ADDRESS _____ ACCT: _____

(3) NAME _____ PHONE _____ FAX _____

ADDRESS _____ ACCT: _____

(4) NAME _____ PHONE _____ FAX _____

ADDRESS _____ ACCT: _____

FINANCIAL STATEMENT MAY BE REQUIRED TO OPEN ACCOUNT.

SIGNATURE OF CUSTOMER _____ TITLE _____ DATE _____