



480 Bonner Rd.,  
P.O. Box 310,  
Wauconda, IL 60084  
847-526-1030  
Fax 847-526-1604

## Application for Credit

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

Prepared By: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

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

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

Buyer's Name: \_\_\_\_\_

Bank Reference: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Fax \_\_\_\_\_ Acct. # \_\_\_\_\_

Type of Business: Distributor \_\_\_\_\_ Dealer \_\_\_\_\_ Other \_\_\_\_\_ (Please Specify)

\*\* If you are a distributor, we may request a confidential list of some dealers you are selling to.

### Trade References

1. \_\_\_\_\_

4. \_\_\_\_\_

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

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

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

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

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

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Phone \_\_\_\_\_

3. \_\_\_\_\_

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

Phone \_\_\_\_\_

Fax \_\_\_\_\_

• Please mail or fax completed application to Du-Bro Products.  
• Businesses in IL must include a copy of their "IL Resale Tax ID Form"