

Cosgrove Distributors, Inc. Application for Credit

Business/Corporation Name:			
Shipping Address:			
City:			
Business Telephone:		Illinois Tax #:	
Principal Owners:			
Name:		Address:	Title:
Social Security Number:			
Are You in Bankruptcy Now? Y /	N	Have You Ever De	clared Bankruptcy? Y/ N
	<u>Trade R</u>	eferences	
Name:	Address:		_ Phone: ()
Name:	Address:		_ Phone: ()
	Prese	nt Bank	
Name:	Address:		_ Phone: ()
Contact:			
Name:			Phone: ()
Contact:			·,

WE HEREBY APPLY FOR AN EXTENSION OF CREDIT BY YOUR FIRM. THIS INFORMATION IS SUBMITTED AS A BASIS FOR YOUR CONSIDERATION OF OUR APPLICATION. WE BELIEVE THAT OUR FIRM IS FINANCIALLY ABLE TO MEET ANY COMMITMENTS WE HAVE MADE AND EXPECT TO PAY **Cosgrove Distributors, Inc.** INVOICES ACCORDING TO TERMS. HOWEVER, I AM AGREEABLE TO AN INTEREST CHARGE OF 1 ½ % PER MONTH ON ALL PAST DUE INVOICES.

I authorize the creditor and its assignee to make whatever inquiries it deems necessary in connection with this credit application and in the course of review or collection of any credit extended in reliance on this application. I further authorize any person or consumer reporting agency to complete and furnish to the creditor and its assignee any information that it may have or obtain in response to such inquiries and agree that such information, along with this application, shall remain the creditor's and assignee's property, whether or not credit is extended. All information stated in this application is declared to be a true representation of the facts and made for the purpose of obtaining the credit requested.

Signature

Title

Date