



S I N C E 1 9 4 8

**CHICAGO DROPCLOTH  
& TARPAULIN CO.**

3719 W. LAWRENCE AVE., CHICAGO, IL 60625  
PHONE (773) 588-3123 FAX (773) 588-3139

**CREDIT ACCOUNT APPLICATION**

DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

TELEPHONE (     ) \_\_\_\_\_

FAX (     ) \_\_\_\_\_

BUSINESS TYPE:     Sole Proprietorship     Partnership     Corporation - In State of \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS \_\_\_\_\_

RESALE CERTIFICATE NUMBER \_\_\_\_\_

NAME AND ADDRESS OF INDIVIDUALS OR PARTNERS - NAME/TITLE/PHONE NUMBER OF CORPORATE OFFICERS

_____	_____
_____	_____
_____	_____

NAME AND PERSON TO CONTACT REGARDING PURCHASE ORDERS AND INVOICE PAYMENTS, TITLE, ADDRESS AND PHONE NUMBER

_____	_____
_____	_____

BANK REFERENCE

BANK ACCOUNT NUMBER, CONTACT, TITLE AND PHONE NUMBER

_____	_____
_____	_____
_____	_____

TRADE REFERENCES: COMPANY NAME, ADDRESS, CONTACT AND TITLE , AND PHONE NUMBER

1. _____	2. _____	3. _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THE ABOVE INFORMATION IS HEREWITH SUBMITTED FOR THE PURPOSE OF OPENING AN ACCOUNT AND I DO HEREBY CERTIFY THIS INFORMATION TO BE TRUE

SIGNED \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_