



Abrasive West LLC
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 Sales@abrasivewest.com

Credit Application

Client Information		Billing Address (If different)	
Company Name:		E-mail:	
Contact:		Contact:	
Address:		Address:	
Address 2:		Address2:	
City:		City:	
State:	Zip:	State:	Zip:
Phone:	Ext:	Phone:	Ext:
Fax:		Fax:	
Country:		Country:	

Federal Employer ID Number: _____

Business Structure: Corporation Partnership Sole Proprietor Other: (Describe) _____

Annual Sales: _____ Years in Business: _____ SIC Code(s): _____

Trade References: Trade references should be an existing, active vendor with significant volume and a trade relationship for at least one year.

Company:	Contact:	E-mail:
Address:		Telephone:

Company:	Contact:	E-mail:
Address:		Telephone:

Company:	Contact:	E-mail:
Address:		Telephone:

Bank References:

Deposit Bank:	Branch:	Account #:
Contact:	Phone:	Date Opened:

Loan Bank:	Branch:	Account #:
Contact:	Phone:	Date Opened:

We certify that all the information on this form is correct. We fully understand your credit terms and agree to these terms in consideration of a line of credit. Terms are Net 30 Days.

Client Signature:	Date:
Print Name and Title:	