

# SCRIP COMPANIES

360 VETERANS' PARKWAY, SUITE 115  
 BOLINGBROOK, IL 60440  
 (630) 771-7400 Main, CreditApplications@scripco.com

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Credit Line Requested (**Check One**)  \$500  \$1000  \$1500  \$2500  \$5,000 or more \_\_\_\_\_

### BUSINESS CONTACT INFORMATION

Est. Scrip Monthly Purch Volume		Date Business Commenced	
Annual Revenue		Annual Revenue/Net Income	
Company Name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	Company FEIN or Personal SS#: _____ # _____
Phone   Fax			
E-mail			
Registered company address City, State ZIP Code			

### BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank Name:	
How long at current address?		Primary Business Address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

### BUSINESS/TRADE REFERENCES

Company name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Other
Company name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Other
Company name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Other

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize SCRIP COMPANIES to make inquiries into the banking and business/trade references that you have supplied.

***Please attach latest financial statements***

### SIGNATURES

Signature	Signature
Name and Title	Name and Title
Date	Date