



1901 S. LINDEN ST, INDPLS, IN 46203-4029

CREDIT APPLICATION AND AGREEMENT

Return to: Wilco Supply, 1901 S. Linden St., Indpls., IN 46203

Application must be completed in full on both sides and signed by Corporation Officer, Partner, or Individual Owner

This Credit Application Is Being Submitted By: (Please print or type) Date: \_\_\_/\_\_\_/\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Type of Business \_\_\_\_\_ Month / Year Started \_\_\_\_\_ Tax I.D. # \_\_\_\_\_

Corporation ( ) Partnership ( ) Proprietorship ( ) Limited Partnership ( ) Other ( )

Names of Owners, Partners or Officers:

Table with 5 columns: Name, Title, Residence Address, Phone Number, Social Security #

Bank References:

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Loan Officer \_\_\_\_\_

Bank Credit Line \_\_\_\_\_ Secured? Yes \_\_\_\_\_ or No \_\_\_\_\_

Personal Guaranty Yes \_\_\_\_\_ or No \_\_\_\_\_ Explain \_\_\_\_\_

( ) Checking Account Number \_\_\_\_\_

( ) Savings Account Number \_\_\_\_\_

( ) Loan Account Number \_\_\_\_\_

Line of Credit Desired? \_\_\_\_\_ Are purchases tax exempt? Yes \_\_\_\_\_ or No \_\_\_\_\_ (ATTACH tax exempt certificate)

OFFICE USE ONLY

Line of Credit Approved \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Account Established By \_\_\_\_\_

SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS

(317) 781-5464 • 1-800-874-4945 • FAX (317) 781-5469

