To submit this application for credit, please complete and sign this form and Fax to (847) 283-0007



Gutter Supply Inc. 935 Campus Dr. Mundelein, IL 60060

Phone: (888) 909-7246 Fax: (847) 283-0007

DATE

Application for Commercial Credit

PRINT NAME

Contact: Does your company currently have a Contractor/Login Account at www.GutterSupply.com?		Date: YES NO	
LEGAL BUSINESS NAME		FEDERAL ID #	
STREET ADDRESS	PHONE	FAX	
СІТУ	STATE	ZIP CODE	
FULL NAME OF PRINCIPALS AND TITLE	FULL NAME OF PRINCIPALS AND TITLE		
CHECK ONE:	TAX RESALE CERT. NO.	TAX EXEMPT? IF YES, ATTACH CERTIFICATE	
PARTNERSHIP CORPORATION LLC TYPE OF BUSINESS	DATE STARTED		
T			
R	ADDRESS	PHONE # / FAX #	
R E <u>2</u>			
F E R <u>3</u>			
E N C			
E S <u>5</u>			
BANK NAME	ACCOUNT#	PHONE #	
STREET ADDRESS	CITY AND STATE	ZIP CODE	
I authorize Gutter Supply Inc. to contact my bankers, creditor	ors or any credit reporting agency to obtain informa	ation now and anytime hereafter for the purpose of gra	anting or
maintaining a credit line with Gutter Supply Inc. If an offer of open account terms is made, the Applicant accreserves the right to revoke at any time any credit extended If credit is revoked Gutter Supply Inc. reserves the right to dany remaining goods on order.	to Applicant for nonpayment of due charges or for	r any reason deemed good and sufficient by Gutter Su	upply Inc.
Applicant agrees to pay Gutter Supply Inc. all costs and expevent of litigation, Applicant agrees that the venue for such			
I am a principal, an officer or an agent of the entity reque herein. I attest to the accuracy of the information set forth charges now due or to become due.			
All information stated above is correct to my knowledge.			
SIGNATURE		TITLE	