



620 Lakeview Pky, Vernon Hills, IL 60061

Please note: Please print credit application, fill out and fax to: 847-816-5072 or email to: [plancaster@heatsci.com](mailto:plancaster@heatsci.com). Failure to complete this form could result in delay of credit approval – fax numbers MUST be included Please print clearly

Trade Name: \_\_\_\_\_ Legal Name: \_\_\_\_\_

Bill to: \_\_\_\_\_ Ship to: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Company e-mail address: \_\_\_\_\_

Parent company name: \_\_\_\_\_ Address: \_\_\_\_\_

Years in business: \_\_\_\_\_ Type of Business or Organization: \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Gov't \_\_\_\_\_ Non Profit \_\_\_\_\_ Proprietorship \_\_\_\_\_ Other

State Sales Tax Status: \_\_\_\_\_ Exempt \_\_\_\_\_ Non-Exempt Tax Exempt Number: \_\_\_\_\_

If exempt from state tax, please provide certificate(s) for each state in which product will be shipped.

Officer's (owner's) Name: \_\_\_\_\_ Title \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_  
e-mail address: \_\_\_\_\_

**Bank References: Fax numbers must be included**

Checking Account No.: \_\_\_\_\_ Savings No.: \_\_\_\_\_ Loan No.: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Trade References: Fax numbers must be included (Please only include USA references)**

(1) Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

(2) Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

(3) Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

The undersigned confirms that the above information is true and accurate and hereby authorizes A. Daigger & Co. to obtain credit and/or financial information from the bank and references listed above If given open terms of credit with A. Daigger & Co., the undersigned promises to pay for all purchases in accordance with those terms. The undersigned guarantees payment of all invoices. If at any time the undersigned is unable to meet its financial obligations with A. Daigger & Co. the undersigned agrees to pay for legal, court and any other fees necessary to collect unpaid invoices. The undersigned also consents to receive faxes, emails and mailings on behalf of A. Daigger & Co. and its subsidiaries and affiliates.

Authorized Signature: \_\_\_\_\_ Type or Print Name \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_