

NEW ACCOUNT APPLICATION (PLEASE PRINT)

489 MISSION STREET - CAROL STREAM, IL 60188

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the howard elliot collection

Complete sections 1, 2, & 3 if new account without credit terms**Complete sections 1 thru 6 if new account requesting credit terms.**

Section 1

LEGAL BUSINESS NAME: _____	DBA: _____
BILLING ADDRESS: _____	SHIPPING ADDRESS: _____
STREET: _____	STREET: _____
CITY, STATE, ZIP: _____	CITY, STATE, ZIP: _____
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____
TYPE OF BUSINESS: _____	FEDERAL ID#: _____
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> GENERAL <input type="checkbox"/> LIMITED <input type="checkbox"/> CORPORATION YEAR ESTABLISHED: _____	
PRINCIPAL NAME: _____	SOC.SEC.#: _____ HOME PHONE: _____
HOME ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
BUYER CONTACT: _____	PHONE: _____ FAX: _____
E-MAIL ADDRESS: _____	
ACCOUNTS PAYABLE CONTACT: _____	PHONE: _____ FAX: _____
E-MAIL ADDRESS: _____	

Section 2

PLEASE INDICATE WHICH OPTIONS YOU WOULD LIKE US TO APPLY TO YOUR ACCOUNT:	
<input type="checkbox"/> NET 30 DAY (ATTACH LIST OF 3 TRADE REFERENCES)	REQUIRE A PURCHASE ORDER NUMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> KEEP ON FILE
<input type="checkbox"/> AUTHORIZE EACH TRANSACTION	
LIMIT ON CHARGE AMOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO	\$ AMOUNT: _____
RESTRICT CHARGE PEOPLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ALLOWED NAMES: _____	
CARD TYPE & NUMBER: _____	EXP. DATE: _____ SEC CODE (3 DIGIT): _____
CARD BILLING ADDRESS & ZIP CODE (IF DIFFERENT THAN ABOVE): _____	
CARDHOLDER NAME & SIGNATURE: _____	

Section 3

ARE YOU TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO **IF YES, PLEASE PROVIDE A COPY OF YOUR STATE RESALE CERTIFICATE**
STATE RESALE CERTIFICATE # _____

Section 4

PLEASE PROVIDE BANK REFERENCE IF APPLYING FOR CREDIT TERMS:	
NAME OF BANK: _____	PHONE: _____ FAX: _____
ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
ACCOUNT #: _____	CONTACT NAME: _____

Section 5

TERMS:	
CREDIT TERMS ARE NET 30 DAYS SUBJECT TO APPROVAL. I/WE UNDERSTAND AND AGREE THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE IS FOR THE PURPOSE OF OBTAINING CREDIT. I/WE FURTHER UNDERSTAND AND AGREE THAT ALL ACCOUNTS OR MONIES DUE TO THE HOWARD ELLIOTT COLLECTION SHALL BE PAID IN ACCORDANCE WITH THE CREDIT TERMS STATED ABOVE AND AGREE TO PAY ALL REASONABLE COSTS OF COLLECTION, IN ADDITION TO ANY COURT COSTS AND/OR ATTORNEY FEES INCURRED. I/WE AUTHORIZE INVESTIGATION OF ALL CREDIT REFERENCES AND AUTHORIZE CREDITORS TO RELEASE INFORMATION PERTAINING TO MY/OUR CREDIT HISTORY. I/WE FURTHER AUTHORIZE INVESTIGATION OF MY/OUR CREDIT VIA CREDIT BUREAU REPORTS.	
BY: _____	NAME & TITLE: _____ DATE: _____
AUTHORIZED AGENT SIGNATURE	PLEASE PRINT
BY: _____	NAME & TITLE: _____ DATE: _____
AUTHORIZED AGENT SIGNATURE	PLEASE PRINT

Section 6

GUARANTY: I/WE, THE UNDERSIGNED, DO HEREBY GUARANTEE PAYMENT, AS INDIVIDUALS, OF ANY INDEBTEDNESS INCURRED BY VIRTUE OF ANY AND ALL CREDIT EXTENDED IN ACCORDANCE WITH THE ABOVE AGREEMENT AND ALL ITS TERMS & CONDITIONS.	
GUARANTOR: _____, INDIVIDUALLY _____	DATE: _____
	PRINT NAME & TITLE
GUARANTOR: _____, INDIVIDUALLY _____	DATE: _____
	PRINT NAME & TITLE

FOR OFFICE USE ONLY: ACCOUNT # _____	SALESPERSON: _____
CREDIT LIMIT: _____	APPROVED BY & DATE: _____