



Strata-Tac
3980 Swenson Ave
St. Charles, IL
60174 USA

Phone (630) 879-9388
Phone (800) 884-9388
Fax (630) 879-9452
Web www.stratatac.com

CREDIT APPLICATION

Date: _____ Business Name: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Billing Address: _____

Shipping Address: _____

d / b / a: _____ FEIN: _____

State of Incorporation: _____ Date of Incorporation: _____

Line of Credit Requested: \$ _____ (US Dollars)

Dun & Bradstreet Number: _____

Parent Company: _____

Former Business Address (if applicable) : _____

Type of Business: _____ Date Established: _____

Ownership: Sole Owner Partnership Corporation

Principal: _____
(Name) (Phone)

Principal: _____
(Name) (Phone)

Trade References

Company: _____
Address: _____
City / State / Zip: _____
Phone: _____
Fax: _____
E-mail: _____

Company: _____
Address: _____
City / State / Zip: _____
Phone: _____
Fax: _____
E-mail: _____

Company: _____
Address: _____
City / State / Zip: _____
Phone: _____
Fax: _____
E-mail: _____

Company: _____
Address: _____
City / State / Zip: _____
Phone: _____
Fax: _____
E-mail: _____

Bank References: Checking

Loan

Savings

(name)

(address)

(contact)

Has the company or any of its principals ever filed bankruptcy?

No Yes Date of filing: _____

If yes, Explain: _____

- 1 Will you accept invoices via email? Yes No
- 2 If yes, please provide an email address for invoices: _____
- 3 Accounts Payable Contact: _____ Phone: _____
- 4 *Note: Please provide your signed sales tax exemption certificate immediately.*
- 5 *Orders will not be placed until sales tax certificate is complete.*
Please also complete the enclosed / following w-9 and return it with this application.
- 6 Are purchase orders required on your invoices? Yes No
- 7 Please return these pages by fax to 630-879-9452 or email **accounting@stratatac.com**

The undersigned agrees to the following terms:

Standard account terms are NET 30. Terms are stated on each invoice. Merchandise returns will not be accepted without a Return Materials Authorization from Strata-Tac, Inc. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the invoice terms. The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize Strata-Tac, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility.

(signature)

(title)

(date)