



**CREDIT APPLICATION - BUSINESS CREDIT REFERENCES**

Please forward your credit application to:  
Fax: 815-754-5702 or email: scotth@rightpointe.com

**BUSINESS NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**AP CONTACT NAME:** \_\_\_\_\_  
**AP EMAIL ADDRESS:** \_\_\_\_\_  
**AP PHONE NUMBER (IF DIFFERENT FROM ABOVE):** \_\_\_\_\_  
**URL ADDRESS:** \_\_\_\_\_

**BANK REFERENCES**

**BANK NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**CONTACT NAME:** \_\_\_\_\_ **ACCT #:** \_\_\_\_\_

**MAJOR TRADE REFERENCES - FAX NUMBERS REQUIRED**

**BUSINESS NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**CONTACT NAME:** (If necessary) \_\_\_\_\_  
**CONTACT EMAIL:** (If necessary) \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**CONTACT NAME:** (If necessary) \_\_\_\_\_  
**CONTACT EMAIL:** (If necessary) \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REQUESTED LIMIT:** \_\_\_\_\_ Please include tax exempt certificate if applicable

A finance charge will be applied if your account is beyond terms. By signing above you agree to be responsible for any and all such charges which include any account balance outstanding on your account, and to the release of credit information to and from Right Pointe, LLC.