

# Essanay Studio and Lighting Company, Inc.

1346 N. North Branch Street Chicago, IL 60642 (312) 664-4400 FAX: (312) 664-4430

## CREDIT APPLICATION

Full Legal Company Name \_\_\_\_\_

Doing Business As \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

Type of Business  Corporation  Partnership  Individual Years In Business \_\_\_\_\_

### Owners/Partners/Officers

Full Name	Residence Address	City	State	Phone Number	Title
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Bank Name \_\_\_\_\_ Checking ACCT# \_\_\_\_\_  
Address \_\_\_\_\_ Savings ACCT# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Contact Officer \_\_\_\_\_  
Phone Number \_\_\_\_\_

Trade references you have established credit with (Do NOT include C.O.D. or credit card vendors).

Name	Address	Phone	Contact
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

The information and statements in this application are true and complete and are made for the purpose of establishing an open account line of credit. You are hereby authorized to obtain any information you consider necessary from any source whatsoever concerning the statements in this application.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Upon completion of this application please print out, sign and fax to Essanay Studios ATTN: Wayne or Jim at (312) 664-4430