



945 Lakeview Pkwy, Suite 110
 Vernon Hills, IL 60061
 Phone (847) 918-6090
 Fax (847) 367-1951

Tell us how the account will primarily be used: (check one)

- For Commercial purchases
 For Governmental purchases Other

Tell us how your business is structured: (Check one and complete section indicated in parentheses)

- Sole Proprietorship (A.C.E.F) Government Agency (B.C)
 General Partnership* (B.C.D.E.F) Non-Profit (B.C)
 Limited Partnership* (B.C.D.E.F) Corporations C, S, LLC. (B.C.D.E,F)

*Application must be signed by a General Partner

Section A – (For Sole Proprietorships)

Please print above how you would like your account name to appear

Owner's First Name _____
 MI ____ Last Name _____
 Date of Birth _____
 Soc. Sec. Number _____
 Business Phone (____) _____

Section B—(For Corporations, Partnerships, Government Agencies and Other Organizations)

Business Name _____
 Business Phone (____) _____
 Contact Person:
 First Name _____ MI _____
 Last Name _____
 State of Incorporation _____

Section C—(For All Business Structures)

Billing Address _____ City _____ State _____ Zip _____
 Federal Tax ID _____ Years in Business _____ Type of Business _____
 Assets \$ _____ Liabilities _____ Net Worth \$ _____
 Annual Gross Sales \$ _____ Net Income* (Last full year) \$ _____

Section D—Owner Information for Corporations & Partnerships. For partnerships all partners must disclose information. Please include a list of corporate officers.

First Name _____ MI _____ Last Name _____
 Title _____ Address _____
 City _____ State _____ Zip _____
 Date of Birth _____ Soc. Sec. _____ % Ownership _____ Income* (annual) \$ _____

*Alimony, child support, or separate maintenance payments need not be disclosed unless relied upon for credit

Section E—Trade References

- Name _____ Phone Number _____
 Address _____
 City _____ State _____ Zip _____
 Contact Name _____ FAX Number _____
- Name _____ Phone Number _____
 Address _____
 City _____ State _____ Zip _____
 Contact Name _____ FAX Number _____
- Name _____ Phone Number _____
 Address _____
 City _____ State _____ Zip _____
 Contact Name _____ FAX Number _____

Continued on second page. All sections must be completed.

Section F

Your Company Name _____

Bank Name _____ City _____ State _____

Bank Fax/ Phone (_____) _____ Account Number _____ Savings Checking

The above company authorizes the bank to release financial information to ValuePart, Inc. for credit purposes only.

Signature	Title	Date
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Estimate of monthly credit needs _____. Should you approve this application, I (we) agree to pay for all goods purchased within thirty (30) days of receipt of order. I (we) agree to a monthly service charge equal to the state limit on amounts not paid within sixty (60) days of purchase.

Notice to buyer: Do not sign this credit agreement before you read it or if any spaces intended for the agreed terms are left blank. B. You are entitled to a copy of the credit agreement at the time you sign it. C. You may at any time pay off the full unpaid balance under this credit agreement. (1) Applicant represents that the information given in this application is complete and accurate and authorizes us to check with reporting agencies, credit references and other sources disclosed here in investigating the information given. (2) I hereby give the Lenders listed above authorization to provide a copy of my financial statements, including, but not limited to any balance sheet, cash flow statement, and income statement to ValuePart, Inc. This authorization remains valid until you are notified in by writing. I (we) have received a true copy of this agreement and agree to the terms. I understand this account is for commercial and governmental use only. I further certify that I am authorized to sign on behalf of the applicant.

Customer agrees that all funds owed to Customer from anyone or received by Customer, to the extent those funds result from the labor or materials supplied by Seller, shall be held in trust for the benefit of Seller ("Trust Funds"). Customer agrees it has no interest in Trust Funds held by anyone and to promptly account for and pay to Seller all Trust Funds.

If business is incorporated, an officer of the corporation must sign. If business is a partnership, all partners must sign. If business is a sole proprietorship, the owner must sign. Corporations and LLC's MUST sign both.

Sign Here

Primary Owner Signature (Please do not print.) X _____ . Individually Date _____

Company Legal Name _____ (Please print.)

By: (Please do not print.) X _____ Title _____ Date _____

Print Name _____ Contact Phone _____