



**EXISTING CUSTOMER
NEW LOCATION
CREDIT APPLICATION**
Form #: CREDAPPL-0698

Phone #: 630-325-7200

Fax: 630-325-7201

Please *print* or *type*. For your protection, read this documentation carefully and be certain that all blanks are completely filled in.

Date _____ SW Branch _____ Branch # _____ Terr. # _____ Acct. # _____

The undersigned Applicant hereby applies for open account credit with Stone Wheel Inc. Phone # _____

Business Name (Applicant) _____ Fax # _____

D/B/A (if applicable) _____

Address _____
Street or P.O. Box _____ City _____ State _____ Zip Code _____

Email Address: _____

Same Owner as Acct #(s) _____

Terms Requested for Opening Order YES _____ NO _____ Term Code _____

P.O. Required YES _____ NO _____ Priced Packing Slips YES _____ NO _____

Please circle the one which applies to your company.

(1)INSTALLER (2)JOBBER (3)DEALER (4) COMPANY OWNED (5)GOVERNMENT (6)FLEET

Certificate of Resale

I am the identified purchaser and I certify that all of the purchases that I make from Stone Wheel, Inc. are for the purpose of resale.

Resale Number _____

Signature _____

Date _____

I/We hereby authorize your investigation through a Credit Bureau or other investigative agency as to my/our credit and financial responsibility. I/We understand that an account with you is due and payable by the 10th of the month following the date of purchase and if not paid by the 25th of the month following the date of purchase the open account may be discontinued at SWI's option. It is understood that if the account is not paid by the month, it becomes past due, and interest at the rate of 1½ % per month, but not more than that permitted by law, will be added to the account each month until paid. In the event it becomes necessary for us to incur any collection costs or if suit is filed to collect under this agreement, the undersigned promises to pay such additional costs of collection and the costs of suit, including legal fees.

Checks should be made payable to: STONE WHEEL INC., 7675 QUNICY ST., WILLOWBROOK, IL. 60527

Signature of Applicant _____

Title _____

Date _____

DO NOT COMPLETE – FOR COMPANY USE ONLY

Territory _____ Credit Dept. Appr _____ Credit Line \$ _____

Type _____ Rejected _____ Entered _____

DCNT _____ Account # _____ Date _____

PDQ _____ Branch Manger Approval _____