



**Master Spring and
Wire Form Co.**

1340 Ardmore Ave.
Itasca, IL 60143

Phone: 708-453-2570

Fax: 708-453-6420

Email: info@masterspring.com

Credit Application INSTRUCTIONS

Credit approval is required for all new customers unless you are paying by credit card (VISA, Mastercard, or AMEX).

To establish credit with Master Spring & Wire Form Co., please fax (708-453-6420) or mail your credit application. The application should include the company names, addresses, contact names, telephone and fax numbers of your bank and at least three trade references. Also include your bank account number. Please have an authorized representative of your company sign the application giving approval to your bank to release credit information.

If you don't have your own credit application, you can complete the following one.

We will notify you when your credit is approved.



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| | |
|--|-------------------|
| CREDIT APPLICANT: | |
| Company Name: | |
| Street Address: | |
| | |
| City: | State: |
| Zip: | Country: |
| Phone: | Fax: |
| BILL TO: | |
| Company Name: | |
| Street Address: | |
| | |
| City: | State: |
| Zip: | Country: |
| Phone: | Fax: |
| CONTACT INFO: | |
| Buyer Name: | |
| Buyer Title: | |
| Accts Payable Contact: | |
| A/P Contact Title: | |
| Phone: | Fax: |
| Resale Number: | |
| (Sales Tax will be charged on your purchases if you do not provide resale number.) | |
| Legal Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual | |
| When Established: | |
| Type of Business: | |
| For Sole-Proprietors and Partnerships: | |
| Name of Owner: | Social Security#: |
| Name of Owner: | Social Security#: |
| For Corporation and Limited Liability Corp: | |
| Incorporated Name: | Federal Tax ID#: |
| Incorporated in which state: | DBA: |
| Name of Principal: | Title: |



& WIRE FORM CO.

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BANK INFORMATION:

| | |
|-----------------|---------------|
| Bank Name: | Account#: |
| Street Address: | |
| | |
| City: | State: |
| Zip: | Contact Name: |
| Phone: | Fax: |

3 TRADE REFERENCES:

| | |
|----------------------|---------------|
| Company Name: | |
| Street Address: | |
| | |
| City: | State: |
| Zip: | Contact Name: |
| Phone: | Fax: |
| | |
| Company Name: | |
| Street Address: | |
| | |
| City: | State: |
| Zip: | Contact Name: |
| Phone: | Fax: |
| | |
| Company Name: | |
| Street Address: | |
| | |
| City: | State: |
| Zip: | Contact Name: |
| Phone: | Fax: |



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CREDIT AGREEMENT (PLEASE READ)

In consideration for the extension of credit to the undersigned from Master Spring & Wire Form Co. (hereinafter the "seller") the undersigned acknowledges and agrees to all the following provisions:

1. All invoices shall be payable net on or before the 30th day of date of invoice. At seller's option, a late payment charge of 1.5% (18% annually) will be added to all past due amounts and shall be paid by the undersigned.
2. The undersigned authorizes the seller to verify and exchange all necessary information pertaining to its account with all credit sources including, but not limited to, the ones listed above.
3. The terms, conditions and guaranty set forth on the Order Terms page on www.masterspring.com shall apply with respect to all transactions between the undersigned and seller.
4. The undersigned certifies that the contents of this statement are true and accurate and that no material omission of fact is contained herein.

Business Name: _____

By: _____

Title: _____

Dated: _____