



NEW ACCOUNT QUICK APPLICATION

ACCOUNT # _____ CUST. GROUP # (If applicable) _____

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

IL. STATE RESALE TAX # _____

OWNER'S NAME _____

If Corporation – CORP. NAME _____

In Business Over 1Yr? YES NO

TERMS REQUESTED _____ **C.O.D.** _____

* All accounts are C.O.D. until a full credit application is approved*

Enter all information above and fax to 630-832-6690

Supreme Use Only:

SALESMAN _____

ROUTE _____

CALL SHEET: CONTACT _____

DAYS _____

TIME _____