



DAIGGER® INTERNATIONAL



A. Daigger & Company

620 Lakeview Parkway • Vernon Hills, Illinois 60061-8135 Fax: (847) 816-5051



Business Name _____

Telephone _____ **Fax** _____

Billing Address _____

E-mail Address _____



Shipping Address _____



Purchasing Contact _____

Telephone _____

E-mail _____



Accounts Payable Contact _____

Telephone _____

E-mail _____



Years In Business _____ **Type of Business** _____ **Individual Proprietorship**

(Please check one) _____ **Co-Partnership**

_____ **Corporation**



Annual Sales \$ _____

Listed in Dun & Bradstreet? ___ No ___ Yes #



Name of Bank _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Contact** _____

Acct # (savings) _____ **Acct # (checking)** _____



Please provide three credit references:

1. Name _____

Address _____ **Account No. #** _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Fax** _____

E-mail _____



2. Name _____

Address _____ **Account No. #** _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Fax** _____

E-mail _____



3. Name _____

Address _____ **Account No. #** _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Fax** _____

E-mail _____



Please accept this signed document as permission provide credit reference and balance information



Signature

Printed Name, Title

Date



| | | | | | | |
|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Type of Account: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Credit References Received | _____ | | | | | |
| Credit Check Completed | _____ | | | | By | _____ |
| Established Credit Limit | _____ | | | | DT | _____ |
| Approved By | _____ | | | | DT | _____ |



CREDIT APPLICATION