



(800) 234-5880
 Central Illinois Scale Company
 2560 Parkway Court
 Decatur, Illinois 62526

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, State ZIP Code			

BUSINESS AND CREDIT INFORMATION

Business City, State/ZIP		Bank name:	
How long at current address?		Bank address City, State ZIP Code	
Business Phone:		Bank Phone:	
Business Fax:		Account number:	
E-mail:		Type of account:	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> OTHER

BUSINESS / TRADE REFERENCES

Company name		Phone		Fax	
Address, City, State, Zip		Email			
Company name		Phone		Fax	
Address, City, State, Zip		Email			
Company name		Phone		Fax	
Address, City, State, Zip		Email			

AGREEMENT

By submitting this application, you authorize Central Illinois Scale Company to make inquiries into the banking and trade references that you have supplied on this application. The undersigned indemnify and hold harmless Central Illinois Scale Company from any and all liability connected with such contact.

Signed:		Printed Name:		Date:	
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AUTHORIZATION TO RELEASE BANK INFORMATION

Bank Name		Account Officer	
Phone		FAX	
Banking address City, State ZIP Code		Checking Account #	
		Loan Account #	

Dear Sir or Madam:

As part of my credit application dated _____, I hereby authorize any bank which I have listed on my credit application and to which you present this letter, to relase to you all information pertinent to average balances, loans, unsecured and secured, and any other information which you feel is necessary to evaluate my application for credit purposes.

Company Name: _____

Date: _____

Authorized Signer: _____

Title: _____

NOTES: