**MILIJANA & SONS TRUCKING INC page 1 of 2**

**PO BOX 9430**

**NAPERVILLE IL 60567**

**(630) 904-8150**

**Fax (630) 904-8857**

[**info@milijanasons.com**](mailto:info@milijanasons.com)

**CREDIT APPLICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONTACT INFORMATION** | | | | |
| YOUR NAME | | TITLE | | |
| EMAIL | | PHONE | | |
|  | | | | |
| **COMPANY INFORMATION** | | | | |
| COMPANY NAME | | | | |
| ADDRESS | | | PHONE | |
| CITY | STATE | | | ZIP CODE |
| LENGTH OF TIME AT CURRENT ADDRESS: \_\_\_\_\_\_ YEARS \_\_\_\_\_\_ MONTHS | | | | |
| TYPE OF BUSINESS : SOLE PROPRIETORSHIP | PARTNERSHIP | LLC | CORPORTATION | OTHER  DUNS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HAVE YOU EVER FILED BANKRUPTCY? Y / N IF YES, WHEN? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LIST ALL LAWSUITS, JUDGMENTS, OR LIENS AGAINST YOUR COMPANY. USE SEPARATE SHEET IF NECESSARY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | |
| **BANK INFORMATION** | | | | |
| BANK NAME | | | CONTACT NAME | |
| ADDRESS | | | PHONE | |
| CITY | STATE | | | ZIP CODE |
| TYPE OF ACCOUNT | ACCOUNT NUMBER | | | |
| SAVINGS |  | | | |
| CHECKING |  | | | |
| OTHER |  | | | |
|  | | | | |
| **BUSINESS REFERENCES** | | | | |
| 1 | COMPANY | | | CONTACT NAME | |
| PHONE | | | EMAIL | |
| ADDRESS | | | TITLE | |
| CITY | STATE | | | ZIP CODE |
| COMMENTS | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CREDIT APPLICATION page 2 of 2** | | | |
| 2 | COMPANY | | CONTACT NAME | |
| PHONE | | EMAIL | |
| ADDRESS | | TITLE | |
| CITY | STATE | | ZIP CODE |
| COMMENTS | | | |
|  | | | |
| 3 | COMPANY | | CONTACT NAME | |
| PHONE | | EMAIL | |
| ADDRESS | | TITLE | |
| CITY | STATE | | ZIP CODE |
| COMMENTS | | | |
|  | | | |
| 4 | COMPANY | | CONTACT NAME | |
| PHONE | | EMAIL | |
| ADDRESS | | TITLE | |
| CITY | STATE | | ZIP CODE |
| COMMENTS | | | |
|  | | | |
| **CREDIT AGREEMENT** | | | |
| 1 | All invoices must be paid within 30 days of the date issued  2 | Any claims regarding an invoice issued must be made within 7 days of the date issued  3 | You authorize inquiry into the banking and business references provided within this application | | | |
|  | | | |
| **COMPANY REPRESENTATIVES** | | | |
| 1 | SIGNATURE | | TITLE | |
| NAME | | DATE | |
|  | | | |
| 2 | SIGNATURE | | TITLE | |
| NAME | | DATE | |