

Please Send To Credit Department - Wells Lamont - 6640 West Touhy Avenue - Niles, IL 60714-4587



Fax 847-983-1559 Email: CREDIT@wellslamontretail.com

**Credit Application**

D & B Rating \_\_\_\_\_

Trade or Corporate Name:		Name of Owner or Buyer:		Date:	
Address:		Parent Company:		Duns #:	
City, State, & Zip Code:		Branches:		Type of Business:	
				Would You Be Interested In Purchasing with Visa or MasterCard?	
Telephone:	Fax:	If New Operation, Scheduled Opening Date:		(Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Monthly Sales Volume: \$		Email:			

**TRADE REFERENCES**

Name	Address	City	State	Phone No.	Fax No.	Account No.

**BANK REFERENCE (Please attach financial statements)**


**CUSTOMER AUTHORIZATION:**

I hereby authorize \_\_\_\_\_ to release the above information to Wells Lamont. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**READ BEFORE SIGNING:**

Applicant's signature attests financial responsibility, ability and intention to pay all invoices in accordance with terms found on confidential dealer price list. In the event of non-payment, Applicant agrees to pay any attorney or collection costs incurred in collection. Applicant warrants above information to be true and complete and authorizes firm to whom application is made to investigate the references above pertaining to credit and financial responsibility.

Firm Name: \_\_\_\_\_

By \_\_\_\_\_  
 Authorized Signature Title

By \_\_\_\_\_  
 Authorized Signature Title

Date \_\_\_\_\_