



1102 Silver Lake Road
 Cary IL 60013
 847-639-6400 Fax 847-639-3757
 arccreditcard@coilcraft.com

Credit Application

Return to (fax) **847-639-3757** or **arccreditcard@coilcraft.com**

Company Name _____	Accounts payable contact _____
Billing Address _____	Phone _____ Fax _____
_____	Email _____
City _____ State ____ Zip _____	Years in business ____ D&B# _____
Parent company (if any) _____	Anticipated monthly purchases _____
Type of ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	

Name of bank _____	Name of bank _____
Address _____	Address _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Account number _____	Account number _____
Phone _____ Fax _____	Phone _____ Fax _____

Company name _____	Company name _____
Account number _____	Account number _____
Address _____	Address _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____

Company name _____	Company name _____
Account number _____	Account number _____
Address _____	Address _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____

Coilcraft Terms of Payment are Net 30 Days

The undersigned agrees to the above selling terms, authorizes and grants to Coilcraft, Inc., its assignees or agents, permission to obtain from any credit agency, including the undersigned's bank and accounts, complete information concerning the undersigned. Further, the undersigned warrants and represents that all information contained in this application and any other statements or documents submitted to Coilcraft, Inc. by the undersigned are true, accurate, correct and complete. The undersigned agrees to pay any and all legal or professional fees incurred by Coilcraft, Inc. in the event of a default in payment.

Signature _____	Date _____
Name (printed) _____	Title _____