



**Business Information Request**

**1430 Branding Lane, Suite 119  
Downers Grove, IL 60515  
(630)493-1401 fax (630)493-1402**

Loc Requesting _____
Customer ID _____
Amt Req _____

**General Information**

Business Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_ Main Line of Business \_\_\_\_\_

Year Business Started \_\_\_\_\_ # of Employees \_\_\_\_\_ Website address: \_\_\_\_\_

Select One:      Proprietorship      Partnership      Corporation      LLP      LLC      Joint Venture

Have you or your company ever filed bankruptcy?    Y    N If yes, who filed, when and where? \_\_\_\_\_

Owner / Partner's Name \_\_\_\_\_ SS # / Fed ID \_\_\_\_\_

**References**

**MAJOR SUPPLIERS Minimum of 3**

Company Name	City	State	Zip	Phone #	Fax #	E-mail
1. _____						
2. _____						
3. _____						

**FINANCIAL/LENDING INSTITUTION Bank and/or Lending Institutions - **Minimum of 1****

1. _____						
Bank Name	City	State	Zip	Phone #	Fax #	
Account #	Contact			E-mail		
2. _____						
Bank Name	City	State	Zip	Phone #	Fax #	
Account #	Contact			E-mail		

*Please Attach Most Current Financial Statements.*

I hereby authorize the above listed trade and financial references and any credit reporting agency to disclose to The Scouler Company, full credit and financial information concerning myself (only in the case of a proprietorship or partnership) and the operations of the business. The information is given in confidence and will be used in accordance with the Federal Fair Credit Reporting Act. The business is financially able to meet any commitments and will pay all invoices according to their terms. If the business fails to make payment according to terms, (1) it will pay a monthly service charge of 1 ½ % on any past due balance plus all expenses of collection that are incurred by The Scouler Company, including reasonable attorney fees; and (2) The Scouler Company may refuse to ship any goods under all future bills of lading until such time as payment is made in full.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_