

**OPEN ACCOUNT CONTRACT**

13963 N.1000 East Rd  
Bloomington IL. 61705  
Ph.309-828-8487  
Fx.309-828-8556

**NAME OF FIRM OR INDIVIDUAL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PH.** \_\_\_\_\_ **FAX.** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**YEAR BUSINESS ESTABLISHED** \_\_\_\_\_

**TAX EXEMPT:** YES  NO  IF YES TAX EXEMPT CERTIFICATE MUST BE SENT WITH THIS APPLICATION

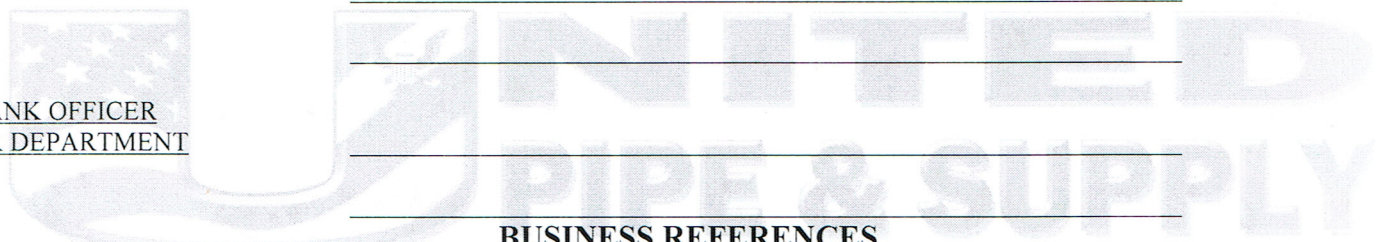
**OWNERSHIP:** CORPORATION ( ) INCORPORATED ( ) PARTNERSHIP ( ) INDIVIDUAL ( )

**NAME OF PRINCIPAL(S)** \_\_\_\_\_

**COMPLETE ADDRESS** \_\_\_\_\_

**BANK AND ADDRESS** \_\_\_\_\_

**BANK OFFICER  
OR DEPARTMENT** \_\_\_\_\_



**BUSINESS REFERENCES**

1.) **BUSINESS NAME** \_\_\_\_\_

**COMPLETE ADDRESS** \_\_\_\_\_

**PH.#** \_\_\_\_/\_\_\_\_/\_\_\_\_ **FAX#** \_\_\_\_/\_\_\_\_/\_\_\_\_

2.) **BUSINESS NAME** \_\_\_\_\_

**COMPLETE ADDRESS** \_\_\_\_\_

**PH.#** \_\_\_\_/\_\_\_\_/\_\_\_\_ **FAX#** \_\_\_\_/\_\_\_\_/\_\_\_\_

3.) **BUSINESS NAME** \_\_\_\_\_

**COMPLETE ADDRESS** \_\_\_\_\_

**PH.#** \_\_\_\_/\_\_\_\_/\_\_\_\_ **FAX#** \_\_\_\_/\_\_\_\_/\_\_\_\_

THE INDIVIDUAL SIGNING THIS CREDIT APPLICATION AND OPEN ACCOUNT CONTRACT ACKNOWLEDGES THAT HE/SHE WILL BE INDIVIDUALLY LIABLE FOR BALANCE DUE AND THAT HE/SHE HAS AUTHORITY TO ACT AS AGENT FOR THE APPLICANT.

**AGENT/CUSTOMER SIGNATURE**  \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_