



Wells Plumbing and Heating Supplies

Chicago Branch
916 W 21st St, Chicago, IL 60608
Phone: 312-850-1500
Fax: 312-850-3457
Website: <http://www.wellsplumbing.com>

Niles Branch:
7401 N Croname Rd Niles, IL 60714
Phone: 847-588-1050
Fax: 847-588-1058

To Whom It May Concern:

Please read and follow the instruction below; otherwise, we will not be responsible for any delay.

In order to continue your credit application processing, please **complete all** the information on the following 3 pages and submit to our office in person, by fax, or by mail. We are unable to complete this process unless at least 3 of the trade references, that you have credit account with, have given us response, **Except for Home Depot or Menard**. Please do us a favor; provide us sufficient information, filled them out **completely**, given accurately and readable, that way you would get the result sooner.

Please do not hesitate to contact our office if you have any questions or comments.

We appreciate your business!

Sincerely,

**Management at Wells
916 W 21st ST Chicago IL 60608
Phone 312-850-1500 Fax: 312-850-3457**



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CREDIT APPLICATION

Business name _____
Billing address _____ City _____ State _____ Zip _____
Shipping address _____ City _____ State _____ Zip _____
Phone Number _____ Fax _____
Amount of credit desired _____
Years in business _____ Rent or own business premises _____
Corporation _____ Partnership _____ Sole Proprietor _____
Amount of Credit desired: \$ _____
Principles Signatures required

OWNERS / OFFICERS INFORMATION

Title _____ Name _____ Signature _____
Address _____ City _____ State _____ Zip _____
Social Security Number or FEIN# _____
Taxpayer Identification Number _____

Title _____ Name _____ Signature _____
Address _____ City _____ State _____ Zip _____

BANK REFERENCES

Name of Bank _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Account # _____ Type of Account _____

TRADE REFERENCES (At least 3 Vendors) Except for Home Depot & Menard

Name: _____ Address: _____
Phone Number: _____ Fax Number: _____

Name: _____ Address: _____
Phone Number: _____ Fax Number: _____

Name: _____ Address: _____
Phone Number: _____ Fax Number: _____

Name _____ Title _____

Signature _____ Date _____
Sales Person: _____



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YOU ARE AUTHORIZED TO CHECK CREDIT INFORMATION SUBMITTED, AS WELL AS ALL OTHER SOURCES AVAILABLE TO YOU, AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH US WHEN REQUESTED BY OTHERS.

EXECUTED AT _____, ON THIS ___ Day OF _____, 20__ .

MUST BE SIGNED BY OFFICER(s), _____.
MAJORITY STOCKHOLDERS OR PARTNERS. Please Print

SIGNED BY INDIVIDUAL & ON BEHALF OF CORPORATION