



GLENROCK CREDIT APPLICATION

Latest Financial Statement Shall Accompany Application

CHICAGO
 200 W. Wrightwood
 Elmhurst, Illinois 60126
 PH: 708.562.6700
 FAX: 708.562.1753

INDIANAPOLIS
 5500 W. 96th St., Ste B
 Zionsville, Indiana 46077
 PH: 317.873.8973
 FAX: 317.873.8974

MILWAUKEE
 N49 W13545 Campbell Drive
 Menomonee Falls, WI 53051
 PH: 262.781.0799
 FAX: 262.781.0730

FIRM NAME	YEARS IN BUSINESS
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MAILING ADDRESS	FAX	BUSINESS PHONE
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CITY	STATE	ZIP CODE
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ACCOUNTS PAYABLE CONTACT NAME

BILLING ADDRESS (if different than Mailing Address)

CITY	STATE	ZIP CODE
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FULL NAME OF OWNER (S) - OFFICERS	HOME ADDRESS	HOME PHONE NUMBER

INDIVIDUAL	PARTNERSHIP	CORPORATION	DATE STARTED OR INCORPORATION DATE
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HAVE YOU EVER OPERATED UNDER ANY OTHER NAME, PLEASE INCLUDE YES NO

TRADE CREDIT REFERENCES (Minimum of Four)

NAME	ADDRESS	PHONE NUMBER

BANK	ACCOUNT NUMBER
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ADDRESS	CITY	STATE
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BRIEFLY DESCRIBE WHAT TYPE OF BUSINESS YOU ARE ENGAGED IN	(IF RESALE, LIST NUMBER)
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ADDITIONAL INFORMATION TO BE COMPLETED ON THE REVERSE SIDE

Office use Only

Acct# _____ Slsmn# _____ Terr# _____ CC# _____ CL _____ APP. _____

Glenrock Credit Policy

Our credit terms are available for convenience of payment only, not for the purpose of financing your business. In today's economic climate, businesses have more difficulty in the area of "cash flow" than any other area. Our policy is to remain financially strong and viable in order to continue to provide excellent service and great prices, both, now and in the future.

Our Credit Terms Are:

Our terms are full payment within 30 days of invoice. After 30 days a service charge of 1.5% per month shall be added to the customer's outstanding balance. Returned Merchandise that is older than 30 days or non-stock will be subjected to a restocking charge.

I authorize you to contact references and obtain information from outside sources that may be needed to obtain credit.

The application has been carefully prepared by the undersigned and is to my knowledge complete, accurate and truthful.

If my account is accepted. I agree to pay according to your terms of sale. I further agree to pay all collection costs and expenses, including reasonable attorney's fees incurred by Glenrock in collecting or attempting to collect such account.

Firm Name

Date

Print Name of Owner/CO., Partner or Officer

Signature and Title of Owner/CO., Partner or Officer

Personal Guaranty

Name

residing at (address, city and state)

For and in consideration of The Glenrock Co. extending credit at my request, I personally guarantee any indebtedness incurred on this account to The Glenrock Co. of Illinois. I hereby agree to bind myself to pay Glenrock on demand any sum which may become due to Glenrock by my company whenever my company fails to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of my company. I do waive notice of default, non-payment and notice thereof and consent to any modification of renewal of the credit agreement hereby.

Signature of Personal Guarantor (must be company owner, corporate officer, or partner)

Date