



CAPITAL DEPOT CORPORATION
8930 N WAUKEGAN RD, SUITE 230
MORTON GROVE, IL 60053
FAX (847) 770-4705

CREDIT APPLICATION

CORP. NAME: _____ PHONE _____

D/B/A. NAME: _____ FAX _____

BILLING

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ LLC _____

FEDERAL ID # _____ STATE SALES TAX ID NUMBER (RESALE NO.) _____

LENGTH OF TIME IN BUSINESS _____ MONTHLY VOLUME _____

PRINCIPALS OR OFFICERS:

NAME: _____ TITLE _____ SSN _____

HOME ADDRESS _____ PHONE _____

NAME: _____ TITLE _____ SSN _____

HOME ADDRESS _____ PHONE _____

BANK REFERENCES:

NAME: _____

ADDRESS PHONE

CHECKING ACCOUNT # _____ SAVINGS ACCOUNT # _____

MAJOR CUTOMER ACCOUNTS:

1. _____

ADDRESS PHONE

2. _____

ADDRESS PHONE

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We herby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and /or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the creditor's state of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the creditor. The applicant(s) authorize any person or consumer reporting agency to give you any credit information it may have on the applicant(s).

Governing Law. This Agreement shall be governed and construed in accordance with the laws of the State of Illinois and shall be deemed to have been made and executed in Cook County, Illinois.

Signature of principal or officer

Title Date