



Business Credit Application

Return to: 815-784-9009

Billing Name/Address	
Company Name:	_____
Address:	_____ Phone #: _____
City:	_____ State: _____ Zip Code: _____

Company Information	
Type of Business:	_____
Legal Form Under Which Business Operates:	_____
_____ Partnership	_____ Proprietorship
_____ LLC	_____ Corporation
Date Established:	_____ LLC State: _____
Principals:	
Name:	_____ Title: _____
Name:	_____ Title: _____
Name:	_____ Title: _____

Trade References	
Company Name:	_____ Contact: _____
Address:	_____
City:	_____ State: _____ Zip Code: _____
Phone:	_____ Fax: _____
Company Name:	_____ Contact: _____
Address:	_____
City:	_____ State: _____ Zip Code: _____
Phone:	_____ Fax: _____
Company Name:	_____ Contact: _____
Address:	_____
City:	_____ State: _____ Zip Code: _____
Phone:	_____ Fax: _____

This is our authorization to Polar Tech Industries, Inc. to contact the references provided so that information may be obtained to consider granting credit privileges to us. We believe that our company is financially able to meet any commitments we have made and we intend to pay promptly in accordance with payment terms indicated on Polar Tech Industries, Inc. Invoices. Should those terms now or at any future date include a service charge for a late payment, we agree to pay such charges if incurred.

Signed: _____ Date: _____

Polar Tech Only
Sales Rep: _____