

**CREDIT APPLICATION**  
**DEAN LLOYD ENTERPRISES, INC.**

P.O. Box 1141, Montgomery, IL 60538 Local: 630.897.2190 Toll: 866.411.6287  
 Fax: 888-675-2696 E-mail: deanlloyd02@fusemail.net

**BUSINESS CONTACT INFORMATION**

Contact Name:		Title:	
Legal Company Name:			
Phone:	Fax:	E-mail:	
Registered Company Address (No PO Boxes):			
City:		State:	ZIP Code:
How long at current address?		Date business started:	
Sole proprietorship:	Partnership:	Corporation:	Non Profit:
S.S. No.:	Tax Ex#:	FEIN:	No:

**BANK INFORMATION**

Bank name:		Contact:	
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			

**BUSINESS/TRADE REFERENCES**  
**(IMPORTANT: PLEASE INCLUDE FAX NUMBER FOR EACH REFERENCE)**

Company:		Contact:	
Address:		Account #	
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company:		Contact:	
Address:		Account #	
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company:		Contact:	
Address:		Account #	
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

**AGREEMENT**

- Invoices are to be paid 30 days from the date of the invoice. 1.5% interest per month applied past 30 days.
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize Dean Lloyd Enterprises, Inc. to make inquiries into the banking and business/trade references that you have supplied and the above listed Bank and trade references to release credit and financial information to Dean Lloyd Enterprises, Inc.
- If credit is approved, (I) (We), we promise to pay to Dean Lloyd Enterprises, Inc. all bills rendered. If the account becomes delinquent after 90 days, a collection agency may be contacted. (I) (We) agree to pay all costs associated with a collection agency. If legal action is required, (I) (We), will pay reasonable and customary legal and attorney fees resulting from such actions.

**SIGNATURES**

<b>X</b>		<b>X</b>	
Title:	Date:	Title:	Date: