

Vazzano Ltd. Insurance Brokers
111E. Busse Ave. Suite #502
Mt. Prospect, IL 60056
(800) 443-6242 Phone
(847) 398-1411 Fax

Date of Application: _____

APPLICATION FOR CREDIT

Company Name	Address	
Email	Phone	Fax
Type of Business (i.e. sole proprietorship, corporation)	Years in business	
If incorporated, in what state?	Federal Tax ID #	
Contact regarding purchases	Contact regarding payments	
Bank references (please indicate account numbers, contacts, and telephone numbers)		
Please list three credit references (please indicate addresses, contacts, phone numbers, and account numbers)		

THE ABOVE INFORMATION IS SUBMITTED FOR THE PURPOSE OF OPENING A CREDIT ACCOUNT AND I DO HEREBY CERTIFY THIS INFORMATION TO BE TRUE. I AGREE TO PAY ALL INVOICES WITHIN 30 DAYS OF THE DATE OF THE INVOICE. I UNDERSTAND THAT ALL PAST DUE ACCOUNTS MAY BE REFERRED FOR COLLECTION AND I AGREE TO PAY ANY AND ALL COLLECTION COSTS AND ATTORNEY'S FEES INCURRED IN ORDER TO COLLECT PAST DUE ACCOUNTS, AS WELL AS 1% INTEREST PER MONTH ON THE PAST DUE BALANCE.

Authorized Signature
Title
Date