



1720 Wallace Ave., Unit B, St. Charles, IL 60174 * Tel: 630.443.4327 * Fax: 630.443.6422

sales@chagear.com

CREDIT APPLICATION

Company Name: _____
Mailing Address: _____
Shipping Address: _____
E-Mail Address: _____
Telephone Number: (____) _____
Fax Number: (____) _____

Type of Business: (Partnership, Corp.) _____ Years in Business: _____

Partners or Corporate Officers

NAME	TITLE	FAX & PHONE

Bank References

Bank Name & Address	Account Number(s)	Contact Name & <u>FAX</u> (Required)

Trade References

Name & Address	Telephone	<u>FAX</u> (Required)

I certify that the above information is true. This information is to be used only for the purpose of opening an account. I understand that CHA Industries, Inc. does not share/sell any information obtained to any outside agencies. I also agree to abide by all terms of sale upon establishment of said open account.

Signature _____ Date _____

Print Name & Title _____