## **CREDIT APPLICATION**

Print Name: \_

## Select-Your-Gift, Inc

2717 York Road; Oak Brook, IL 60521-2367 Phone 630-954-1287 • FAX 630-571-7110

Please complete this form, sign, and fax to 630-571-7110 as soon as possible. Your information will be held in strictest confidence.

If you have your own form providing this same information, you can submit it instead of this form. **Please note:** All Invoices will come from, and all Payments will be made to: Certif-A-Gift Company; 1625 E. Algonquin Road, Arlington Heights, IL 60005

## **CUSTOMER INFORMATION**

Customer Name:				
Bill-to Address:				
Bill-to City/ST/Zip:				
Ship-to Address:				
Ship-to City/ST/Zip:				
Contact Person:	Email:			
Contact Phone No:	Ext:	_ Fax No.:		
Business Entity: Proprietorship; Partne	rship; Corporation	in the State of	; Years	s in Business
Resale Tax# (IL, PA, MO):	(if exempt, please include a tax exempt form)			
	BANK REFER	RENCES		
Banking Institution:	Acct No & Type			
Address:	City:		State:	Zip
Contact Person:	Phone:			
TRADE REFERENCE	<b>S</b> (by my signature below, I auth	norize you to acquire cred	dit information on my	company)
Reference #1:		Contact:		
Address:	City:		State:	Zip
Phone:	Fax	:		
Reference #2:		Contact:		
Address:	City:		State:	Zip
Phone:	Fax	<b>:</b>		
Reference #3:		Contact:		
Address:	City:		State:	Zip
Phone:	Fax	<b>:</b>		
Reference #4:	Contact:			
Address:	City:		State:	Zip
Phone:	Fax	<u>:</u>		
In consideration of extending credit, the terms and net 30 days from date of invoice. Buyer shall be reexcise taxes. Buyer shall be responsible for all frei	sponsible for all taxes related to	ipping documents and in products and service orde	ered, including but no	
Signature:	Title	<b>:</b> :	Date:	