

**CHISOM LLC**  
**PO Box 519**  
**Schuyler, NE 68661**

## Credit Application

**CHISOM** LLC

**1-800-844-2484**  
**Fax: 402-352-5646**  
**chisom@rjchisom.com**

We hereby apply for credit in accordance with Chisom's terms, which are net 10 days from invoice date.

**BILL TO:**

Name/Title \_\_\_\_\_  
Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail address \_\_\_\_\_

**SHIP TO:** (If Different From "Bill To")

Company Name \_\_\_\_\_  
Attn: \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Special handling Instructions \_\_\_\_\_

The following information must be completed in full and will be held in strictest confidence.

( ) Corporation            ( ) Partnership            ( ) Limited Liability Company            ( ) Individual

Primary Type of Business \_\_\_\_\_  
Name of Bank \_\_\_\_\_ ACCT # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Bank Officer or Department \_\_\_\_\_  
Bank Phone (We must have this) \_\_\_\_\_  
Bank Fax Number \_\_\_\_\_  
Estimated Yearly Purchases \$ \_\_\_\_\_

References currently extending you credit:

<u>Company name</u>	<u>Address</u>	<u>Contact</u>	<u>Phone#</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**We must have phone numbers in order to process this application.**

I certify that all of the information on this form is correct and hereby authorize CHISOM to make such credit investigations, including contacting the above references and banks to obtain credit references. I authorize all trade references, banks and credit reporting agencies to disclose any and all information concerning the financial and credit history of our company and myself. I understand CHISOM reserves the right to determine dealer status.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please print your name: \_\_\_\_\_