

Rickard Bindery

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CREDIT APPLICATION

Date: _____

APPROVAL REQUEST FOR:

Customer #: _____

D & B Rating: _____

Name: _____

Customer Authorization to Release Credit Info:

Address: _____

(Signature required) _____

City, State, Zip: _____

Type of Business: _____

Phone: _____

Estimate Sales Per Month: _____

Fax: _____

Year Started: _____

Name of Parent Co.: _____

City, State, Zip: _____

BANK REFERENCES:

Reference 1:

Name: _____

Account #: _____

Address: _____

Phone: _____

City, State, Zip: _____

Fax: _____

Reference 2:

Name: _____

Account#: _____

Address: _____

Phone: _____

City, State, Zip: _____

Fax: _____

TRADE REFERENCES:

Reference 1:

Name: _____

Account #: _____

Address: _____

Phone: _____

City, State, Zip: _____

Fax: _____

Reference 2:

Name: _____

Account#: _____

Address: _____

Phone: _____

City, State, Zip: _____

Fax: _____

OTHER INFORMATION:

SEND REPLY TO:

Sales Rep. Name: _____

Phone #: _____

Rickard Bindery
www.rickardbindery.com