



209 S. 3rd Street, St. Charles, IL 60174

Credit Application

T 888.536.5466

F 630.444.1693

lion@pro-tekinc.com

www.pro-tekinc.com

Firm Name _____ Year Established? _____

Street Address _____

City _____ State _____ Zip _____

Billing address (if different) _____

Accounting Contact _____ Phone# (_____) _____

Fax# (_____) _____ Email _____

Bank Name _____ Contact _____

Address _____

Phone# (_____) _____ Email _____

Fax# (_____) _____ Account# _____

Please list three different credit references that we may contact:

Name _____ Contact _____

Address _____

Phone# (_____) _____ Email _____

Name _____ Contact _____

Address _____

Phone# (_____) _____ Email _____

Name _____ Contact _____

Address _____

Phone# (_____) _____ Email _____

We certify that all information is correct and authorize Pro-Tek, Inc. to contact the credit references listed. The signature below authorizes banking and credit references to release information to Pro-Tek, Inc. We also understand that Pro-Tek, Inc. credit terms are Net 30 Days from date of invoice and agree to abide by these terms.

Authorized Signature

Print Name & Title

Date