

LEON KOROL COMPANY
CUSTOMER INFORMATION SHEET & CREDIT APPLICATION
2050 E. DEVON AVENUE, ELK GROVE VILLAGE, IL 60007
PHONE: (847) 725-2200 FAX: (847) 956-1907

The information provided to Leon Korol Co. will be held as confidential.

Legal Billing Name: _____ **Ship to Name:** _____
Address: _____ Address: _____
City: _____ City: _____
State: _____ Zip: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Phone: _____ Fax: _____
Contact: _____ E-mail: _____
Resale #: _____

Leon Korol Company must have a current resale certificate on file for all U.S. customers or sales tax will be charged.

Federal Tax ID #: _____
Year Started: _____ Duns # _____ Year End Date _____
C Corporation: _____ S Corporation: _____ Partnership: _____ Sole Prop: _____ LLC: _____

Accounts Payable Contact: _____ AP Phone #: _____
AP Email Address: _____ Company Web Address: _____

Bank Information

Bank Name: _____ Bank Contact: _____
Bank Address: _____ Bank Phone: _____
Bank Acct#: _____ Bank Fax: _____

Trade References

Name: _____ Address: _____
Contact: _____ Phone: _____ Fax: _____
E-mail Address: _____

Name: _____ Address: _____
Contact: _____ Phone: _____ Fax: _____
E-mail Address: _____

Name: _____ Address: _____
Contact: _____ Phone: _____ Fax: _____
E-mail Address: _____

Name: _____ Address: _____
Contact: _____ Phone: _____ Fax: _____
E-mail Address: _____

The Undersigned certifies that the information provided to Leon Korol Co. is complete and accurate and that the individual signing this application is authorized to do so. In the event of non-payment, the undersigned personally guarantees the debt to Leon Korol Co. and does hereby agree to pay all attorney fees and court costs in addition to the principal amount due. The Undersigned further agrees to pay interest on all past due balances at the lesser of the maximum legal rate or 1.5% per month. Leon Korol Company reserves the right to restrict, deny or withdraw credit at any time based upon its assessment of credit risk. In addition, the Leon Korol Company may immediately suspend credit due to delinquency in payment, insolvency or change in ownership.

To my bank and suppliers,

Please provide Leon Korol Company with our credit or banking information for the purpose of establishing credit with them.

Authorized Signature _____ Name: _____
Title: _____ Date: _____

**LEON
KOROL
COMPANY**

2050 E. Devon Ave. Elk Grove Village, IL 60007
Phone (847) 956-1616 - Fax (847) 956-1907

Date: _____

CREDIT CARD AUTHORIZATION FORM

Customer Account Number: _____

Customer Account Name: _____

Name on Credit Card: _____

Credit Card Billing Address: _____

City, State: _____

Zip Code: _____

Phone Number: _____

Credit Card Number: _____

Expiration Date: _____ 3 digit Security Code: _____

Invoice / Order Number _____ Amount: _____

By Signing my name below I authorize The Leon Korol Company to charge my credit card for the amount of the invoice - order listed above.

Signature: _____

Verbal phone in order processed by: _____

Visa or MasterCard Only