

LEON KOROL CO. CREDIT APPLICATION

2050 E. DEVON AVENUE

ELK GROVE VILLAGE, IL 60007

PHONE: (847) 956-1616 FAX: (847) 956-1907

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

Legal Billing Name: _____ Owner Name: _____

Address: _____ Home Address: _____

Address: _____ Home Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Home Phone: _____ Home Fax: _____

Resale #: _____ Driver Lic #: _____

Fed ID #: _____ SS #: _____

Year Started: _____ C Corporation: _____ S Corporation: _____ Partnership: _____ Sole Prop: _____

Duns #: _____ Year End Date: _____

Accounts Payable Contact: _____ AP Phone #: _____

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: _____

Name: _____ Address: _____

Contact: _____ Phone: _____ Fax: _____

Name: _____ Address: _____

Contact: _____ Phone: _____ Fax: _____

Name: _____ Address: _____

Contact: _____ Phone: _____ Fax: _____

The Undersigned certifies that the information provided to Leon Korol Co. is true and accurate. 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.

To my bank and suppliers,

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

Authorized Signature _____ Date: _____

Title: _____



**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