

Comstock-Castle Stove Company

Quincy IL 62306

217/223-5070 (Voice) • 217/223-0007 (FAX)

Fax Transmittal Data	Date		# of pages ▶	Fax Transmit	Fax Transmittal Data		Date	
То		From		То			From	
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		DEALER	R / CRE	DIT APPLICA	ATION			
house, plea	you to be placed on see complete this a join form. Please ty	pplication in its en	to proces tirety, and	ss your order, a I return it at you	and have a rec ur earliest con	ord of your busy venience. Pleas	siness acco se include a	unt ir sales
Check:	Corporation ()	Partnership ()	Individu	ual ()				
Years in Bu	siness	_FEIN		Retail S	Sales Tax #			
Telephone	#			FAX #				
Business N	ame			DBA, if ap	oplicable			
Mailing Add	dress			Shipping				
City			State			Zip		
Officers	Name			Home A	ddress			
or Principals	SS #							
st (the stort . • o the stort o	City			State	Zip	Phone ()	
	Name			Home A	ddress		701 	
	SS #							
	City			State	Zip	Phone ()	
	REFERENCES: Ple				se MUST be incl	uded among you	r listed refere	ences
1. Name				_Address				
City			_State	Zip	Phone ()		
					FAX ()		
2. Name				_Address				
City			_State	Zip	Phone ()		
					FAX ()		
3. Name				_Address				
City			_State	Zip				
					Manager VI M)		
City				Zip				

Address

Zip_

Phone (

FAX

State

OFFICE USE ONLY:

City__

5. Bank Reference

Account Number_

REP. OK CREDIT AGENCY OTHER



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I agree to pay Comstock-Castle Stove Company all invoices by the terms contained in each invoice. No discount is allowed on freight or taxes. Interest at the maximum rate permitted by law may be added to any overdue amounts owed to the Seller. This interest will be added to the outstanding balance. Written confirming orders, either mailed or faxed, must be received before an order can be processed. **(FAX 1-800-637-9177).**

Any account over 60 days may be placed on Cash In Advance terms. It is understood that if at any time Comstock-Castle Stove Company has to turn this account over for outside collection, any reasonable expenses incurred, including service charges, collection costs, attorney fees and court costs will be added to the account balance to be paid by debtor.

This agreement has been entered into and is to be performed in the County of Adams, State of Illinois, and any action brought hereunder shall be brought in said county and state at the option of and in the sole discretion of Seller.

Comstock-Castle requires a **signed credit application** in order to consider an account for open terms status. Please complete and sign below to indicate that you have read over this form, understand it, and agree to the terms stated herein. We cannot process any order(s) until this application is returned.

Authorized Signature			
	Position	Date	
Please Print Name: (Indicate how you are signing. As Partner, Sha	reholder, Officer, Director, Individual of	or other Authorized Representative)	
If partnership, all signatures required.	Position	Date	
Please Print Name			
Business Name	NameDBA, if applicable		
Address			
City	State	Zin	