GOODER-HENRICHSEN CO.



2900 State Street, Chicago Heights, IL 60411 Phone: (708) 757-5030 Fax: (708) 757-3157

Application for Credit

Company Information:			
Company Name:			
Company Address_			
Talanhana			
Telephone: Fax: Fax:			
E-mail Address:	1 . 0		
How many years in	business?		
Type of business:			
rederal ID #:			
Are you tax exemp	t? Yes No If Y	Yes: Re-Sale#/State	
(* If you are tax exempt you MUST include a copy of your current sales tax exemption certificate or tax will be added to all jobs.)			
Company Officers:			
1 2	Name	Title	
	Name	Title	
	Name	Title	
Corpo	oration Partnership _	ProprietorshipCompanyLLC	
Banking Informat	ion:		
Name of Bank:			
Address of Bank:			
Telephone:		Contact:	

^{*} Please attach a copy of your most recent financial statement.

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Trade References:	
1.) Company Name:	
Address:	
Contact Name:	
Telephone:	Fax:
	(must supply Fax No.)
Address:	
$\alpha + \infty$	
Telephone:	Fax:
-	(must supply Fax No.)
3.) Company Name:	
Addrogg:	
Contact Nama:	
Telephone:	Fax:
	(must supply Fax No.)
within Falpeg Capital, LLC d/b/a	it is understood and agreed that all invoices will be paid Gooder-Henrichsen, Co. payment terms of paid within 10 days . Also, full authorization is given
	der-Henrichsen Co. to request, obtain, and review a
current credit report on your comp	pany for the purposes of verifying and grading credit.
Please note: Fax numbers must be sup application without Fax numbers.	plied for all credit references. We will be unable to process any
(* If you are tax exempt, you $\underline{\mathbf{M}}$ exemption certificate or tax will	UST include a copy of your current sales tax be added to all jobs)
Signing Officer-Signature	and Date
Signing Officer- Printed N	Tame and Title