



6511 Oakton Street  
 Morton Grove, IL 60053  
 847.967.3600 Fax 847.967.3610

# New Customer Form and Credit Application

Company Information		
Company Name	Phone	Fax
Contact	Title	Phone
Email		
Contact	Title	Phone
Email		
Billing Address		
City	State	Zip
Shipping Address		
City	State	Zip
Partnership FEIN / SSN#	Time in business	Your Quantum Salesperson

Trade References THREE REQUIRED		
Name		Contact
Email		Fax
Address	Phone	Ext
City	State	Zip
Name		Contact
Email		Fax
Address	Phone	Fax
City	State	Zip
Name		Contact
Email		Fax
Address	Phone	Fax
City	State	Zip

Bank / Financial Reference		
Bank		Contact
Address	Phone	Ext.
City	State	Zip
Email		Fax
Credit limit request		
Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Resale Certificate No. and State required _____		

*Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. In the event collection action becomes necessary, client agrees to pay all collection expenses, attorneys' fees, court costs and interest extended in the resolution of this account.*

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please send completed Credit Applications to: fax 847-967-3610 or email: ar@quantumgroup.com**