



**John**  
**BOOS**  
Since 1887

*John Boos & Co.*  
3601 S. Banker Street  
Effingham, IL 62401  
Phone: (217) 347-7701  
Fax: (217) 347-7705  
E-Mail: sales@johnboos.com  
Web Site: www.johnboos.com

**CONFIDENTIAL CUSTOMER CREDIT APPLICATION**

Legal Name of Business: \_\_\_\_\_  
 Trade Style Name (if different from legal name): \_\_\_\_\_  
 Address of Business: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Financial Statement: Attached \_\_\_\_\_ Will Send \_\_\_\_\_  
 Ownership: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_

**Principal Owners or Stockholders:**

Name	Street Address	City, State, Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Bank References:** (At least one complete bank reference is required.)

Name	Mailing Address	Account Number
_____	_____	_____
_____	_____	_____

**Trade References:** ( 6 complete trade references are required.) PLEASE INCLUDE FAX NUMBERS!

Company Name <b>1.</b> _____ Mailing Address _____ City, State, Zip _____ Phone Number _____ Fax Number _____ E-Mail Address _____	<b>4.</b> _____ _____ _____ _____ _____ _____
Company Name <b>2.</b> _____ Mailing Address _____ City, State, Zip _____ Phone Number _____ Fax Number _____ E-Mail Address _____	<b>5.</b> _____ _____ _____ _____ _____ _____
Company Name <b>3.</b> _____ Mailing Address _____ City, State, Zip _____ Phone Number _____ Fax Number _____ E-Mail Address _____	<b>6.</b> _____ _____ _____ _____ _____ _____

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date