



SHIPMAN ELEVATOR COMPANY  
CONSUMER/BUSINESS CREDIT APPLICATION

Contact: Lynn Phelps, Credit Manager  
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PERSONAL INFORMATION/NAME/ADDRESS

NAME \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

COMPANY INFORMATION

TYPE OF BUSINESS \_\_\_\_\_ IN BUSINESS SINCE \_\_\_\_\_  
LEGAL FORM OF BUSINESS CORPORATION PARTNERSHIP PROPIETERSHIP  
NAME OF COMPANY PRINCIPAL \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
FEDERAL TAX ID NUMBER \_\_\_\_\_

TRADE REFERENCES

COMPANY NAME _____	COMPANY NAME _____
CONTACT NAME _____	CONTACT NAME _____
ADDRESS _____	ADDRESS _____
PHONE _____	PHONE _____
ACCOUNT OPENED SINCE _____	ACCOUNT OPENED SINCE _____
CREDIT LIMIT _____	CREDIT LIMIT _____
CURRENT BALANCE _____	CURRENT BALANCE _____

COMPANY NAME \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
ACCOUNT OPENED SINCE \_\_\_\_\_  
CREDIT LIMIT \_\_\_\_\_  
CURRENT BALANCE \_\_\_\_\_

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Shipman Elevator company for which credit is being applied for in order to verify the information contained herein. Moreover, by signing this agreement, I acknowledge payment will be made according to the quoted terms on Shipman Elevator' Statement. All past due invoices are subject to interest charges at 2% per month or 24% annual:allowed by law. This signature reinforces my agreement to pay any balance due, including finance charges, and additional collection fees, court costs and/or attorney fees, if required for collection.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_