



**“A WORLD OF VALUE”**

*Craig Bachman*  
**IMPORTS, INC.**

**Frankfort Showroom**

281 Ontario Street  
Frankfort, IL 60423

**Dallas Showroom**

Interior Home Design Center  
2000 North Stemmons Freeway  
Suite 2F400-IHDC Dallas, TX 75207

**CREDIT APPLICATION AGREEMENT**

NAME OF COMPANY (INCLUDING DBA'S)

ACCOUNTS PAYABLE TELEPHONE NUMBER

BILL TO ADDRESS

ACCOUNTS PAYABLE FAX NUMBER

CITY, STATE, ZIP CODE

ACCOUNTS PAYABLES EMAIL ADDRESS

**Please list references on second page. Previous businesses owned?** YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please complete bottom of second page.

OWNER OR PRINCIPAL

TITLE

HOME PHONE

HOME ADDRESS

CITY

STATE

ZIP CODE

OWNER OR PRINCIPAL

TITLE

HOME PHONE

HOME ADDRESS

CITY

STATE

ZIP CODE

The signature below is an acceptance of the terms and conditions set forth in this agreement and certification that information on this form is correct. By submitting this credit application, the above company and the undersigned authorizes *Craig Bachman Imports, Inc.* to obtain credit information from, but not limited to, financial institutions, business/trade references and credit bureaus, as well as periodic checks to determine our credit capabilities to *Craig Bachman Imports, Inc.* We agree to pay for previous, present, and future charges incurred by officer, employee or agent of the customer/organization **within 30 days from the date of the invoices/charges.** We agree to pay interest charges of 1.5% per month (18% per year) or the maximum allowed by law, to be accrued from the first day the payment is past due. We agree to pay 15% restocking fees on any cancelled import/stock items as well as \$25 per pallet breakdown fee, if applicable. *Craig Bachman Imports, Inc.* reserves the right to cancel orders, revoke credit, demand immediate payment, and /or reduce the credit limit amount at any time without prior notice to the undersigned or above named company. If collection or legal action is deemed necessary by *Craig Bachman Imports, Inc.* to receive monies owed, we agree to pay all collection/legal fees. This includes but is not limited to Attorney's fees and any monies the court may judge reasonable, and shall be governed in accordance with the laws of the State of Illinois. **Change in Ownership:** We understand that we must notify *Craig Bachman Imports, Inc.* in writing of any change in ownership, the name or the business structure under which credit is established. Failure in doing so will make us responsible for payment on all charges that occur under the new ownership whether all debt was transferred to new owners or not.

APPLICANT:

PRINTED NAME

SIGNATURE

TITLE

DATE

**PERSONAL GUARANTEE:** In consideration of any credit extended, I (we) guarantee and accept the above agreement.

PRINT NAME

SIGNATURE

DATE

SOCIAL SECURITY #

DATE OF BIRTH

PRINT NAME

SIGNATURE

DATE

SOCIAL SECURITY #

DATE OF BIRTH



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LEGAL STATUS: INDIVIDUAL/SOLE PROPRIETORSHIP: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_ CORPORATION: \_\_\_\_\_ OTHER: \_\_\_\_\_

YEAR ESTABLISHED UNDER YOUR OWNERSHIP: \_\_\_\_\_ FEDERAL TAX ID #: \_\_\_\_\_ RESALE TAX #: \_\_\_\_\_

**(PLEASE LIST TRADE REFERENCES BELOW OR SUPPLY REFERENCE SHEET)**

1) _____	_____	_____	_____
VENDOR NAME	PHONE #	FAX #	ACCOUNT # W/VENDOR
2) _____	_____	_____	_____
VENDOR NAME	PHONE #	FAX #	ACCOUNT # W/VENDOR
3) _____	_____	_____	_____
VENDOR NAME	PHONE #	FAX #	ACCOUNT # W/VENDOR
4) _____	_____	_____	_____
VENDOR NAME	PHONE #	FAX #	ACCOUNT # W/VENDOR
5) _____	_____	_____	_____
VENDOR NAME	PHONE #	FAX #	ACCOUNT # W/VENDOR
6) _____	_____	_____	_____
VENDOR NAME	PHONE #	FAX #	ACCOUNT # W/VENDOR

**Please complete the following questions for previous businesses owned:**

1) Please list names of businesses previously owned. Please list all business names used.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) What years were previous businesses owned? \_\_\_\_\_

3) When were previous businesses closed? \_\_\_\_\_

4) Reason previous businesses were closed \_\_\_\_\_

5) What type of businesses were previously owned (Corporation, partnership, proprietorship.etc.)?

\_\_\_\_\_  
\_\_\_\_\_

FAX: (815) 464 - 2540

PHONE: (815) 469 - 0961

CREDIT DEPT. EMAIL:

VCIARDULLO@CRAIGBACHMAN.COM

Revised: 11/15/2019