

Credit application Form



Cook's Direct

27725 DIEHL ROAD WARRENVILLE, IL 60555
Phone: 800-956-5572 AR email: AR@cooksdirect.com

BUSINESS CONTACT INFORMATION

Company name:

Trade Name or DBA:

Fed Tax ID #:

Address:

City:

State:

ZIP Code:

Date business commenced:

How Long at Current Address?

No. of employees:

Tax Exempt #

Principals/Owners:

Name:

Title:

Address:

Name:

Title:

Address:

BANK INFORMATION

Bank name:

Contact Name:

Telephone:

Fax:

Bank address:

City:

State:

Zip Code:

Account number:

Account Type:

BUSINESS/TRADE REFERENCES (3 MINIMUM)

1) Company name:

Address:

City:

State:

ZIP Code:

Email:

Phone:

Fax:

2) Company name:

Address:

City:

State:

ZIP Code:

Email:

Phone:

Fax:

3) Company name:

Address:

City:

State:

ZIP Code:

Email:

Phone:

Fax:

AGREEMENT

All invoices are to be paid 30 days from the date of the invoice. By submitting this application, you authorize Cook's Direct to make inquiries into the banking and business/trade references that you have supplied.

COMPLETED BY (PRINTED):

SIGNATURE:

TITLE:

DATE:

**Please send completed form to AR@cooksdirect.com.
Please provide a copy of your tax exempt certificate if applicable.**



Cook's Direct, Inc.

27725 DIEHL ROAD WARRENVILLE, IL 60555

Phone: 800-956-5571 AR email: AR@cooksdirect.com

BANK AUTHORIZATION FORM

ATTN BANK MANAGER: _____

BANK NAME: _____

BANK ADDRESS: _____

CITY, STATE, ZIP _____

PHONE: _____ FAX: _____

TO BANK BANK PERSONNEL: FOR THE PURPOSE OF ESTABLISHING AN ACCOUNT WITH COOK'S DIRECT, INC., WE HEREBY AUTHORIZE YOU TO RELEASE INFORMATION ON OUR COMMERCIAL ACCOUNTS

CHECKING ACCOUNT NUMBER: _____

AUTHORIZED BY (SIGNATURE HERE): _____

THE FOLLOWING TO BE COMPLETED BY BANK

FOR THE PURPOSE OF ESTABLISHING CREDIT. WE ASK YOU, IN CONFIDENCE, TO SUPPLY US WITH THE FOLLOWING INFORMATION.

COMPLETED BY NAME: _____

DATE: _____

CHECKING ACCOUNT: OPEN DATE: _____ AVERAGE BALANCE: _____

NSF's/ RETURNED CHECKS? (Y/N): _____ RATING ON ACCOUNT: _____

LOAN INFORMATION: OPEN DATE: _____ HIGH CREDIT: _____

SECURED (Yes/No): _____ IF SECURED WHAT IS COLLATERAL: _____

CURRENT(Yes/No): _____ PAST DUE AMOUNT: _____

BALANCE : _____ RATING: _____

Please return completed forms to AR@cooksdirect.com.

Thank you for your cooperation,

Cook's Direct Inc.
Credit and Collections