



PRO-TEK, Inc.

P.O. Box 580 • West Chicago, IL 60186-0580

Credit Application

Tel: 1-888-536-5466

Fax: 1-866-231-8927

www.pro-tekinc.com

Firm Name _____ Year Established? _____

Street Address _____

City _____ State _____ Zip _____

Billing address (if different) _____

Accounting Contact _____ Phone# (_____) _____

Fax# (_____) _____ Email _____

Bank Name _____ Contact _____

Address _____

Phone# (_____) _____ Email _____

Fax# (_____) _____ Account# _____

Please list three different credit references that we may contact:

Name _____ Contact _____

Address _____

Phone# (_____) _____ Email _____

Name _____ Contact _____

Address _____

Phone# (_____) _____ Email _____

Name _____ Contact _____

Address _____

Phone# (_____) _____ Email _____

We certify that all information is correct and authorize Pro-Tek, Inc. to contact the credit references listed. The signature below authorizes banking and credit references to release information to Pro-Tek, Inc. We also understand that Pro-Tek, Inc. credit terms are Net 30 Days from date of invoice and agree to abide by these terms.

Authorized Signature

Print Name & Title

Date