



Complete the credit application in full and fax to:

**WarmlyYours  
Credit Department**

590 Telsler Rd  
Lake Zurich, IL 60047  
FAX: (800) 408-1100 Phone: (800) 875-5285

Your company's annual total in sales:	
Amount of employees:	
Amount of store locations:	
How many floor heating jobs sold :	

**General information**

Company Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Billing Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Business Start Date \_\_\_/\_\_\_/\_\_\_ Type of Business \_\_\_\_\_ DBA Name \_\_\_\_\_  
 Is Merchandise for resale? Yes  No  (If **yes** please provide the copy of certificate and fill out CRT 61)  
 Federal ID number \_\_\_\_\_

**Please check and complete as applicable below:**

Proprietorship  Partnership  Corporation   
 Principle/Owner \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact email \_\_\_\_\_  
 Do you have a parent company? Yes  No   
 If yes, provide parent company name and location: \_\_\_\_\_

**Ordering information**

Purchasing agent \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 Account payable contact \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Open Account Trade References (3 required and please include FAX Number)**

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 2. Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 3. Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Bank Information**

Bank Name \_\_\_\_\_ Bank contact officer \_\_\_\_\_  
 Bank address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**We hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining credit. If our account is not paid as agreed according to the invoice, we promise to pay the unpaid balance and to reimburse all costs of collection.**

Print Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_