PRINT SAVE SUBMIT

REMITTANCE INFORMATION
PROFILE PRODUCTS, LLC
P.O. Box 36443, Chicago, IL 60694-6443

CREDIT APPLICATION	Salesperson				
Full Registered Company Name & Trade Name if Applicable				Projected Annual Purchases $ K	
Company Affiliations, Parent, Subsidiary, Division, etc.					
Address	City	State -Select State-	Zip Code	Phone Number	Fax Number
Billing Address	City	State -Select State-	Zip Code	Phone Number)	Fax Number

Dun & Bradstreet Number

Year Business Started

Corporation -Y/N- State of Incorporation -Select State-

Limited Partnership -Y/N- Individual -Y/N-

Principal Owners or Officers	
Name	**Address**
a.	
b.	
c.	

Bank References				
Bank Name	**Acct. #**	**Contact**	**Phone**	**Fax**
a.				
b.				

Trade References			
Company	**City/State**	**Phone**	**Fax**
a.			
b.			
c.			
d.			

Signature (Owner/Officer) Please Print Name & Title Date

PLEASE SUBMIT FINANCIAL STATEMENT WITH CREDIT APPLICATION

TO EXPEDITE CREDIT APPLICATION INVESTIGATION, PLEASE FAX OR EMAIL TO:

Fax: 847-215-0577 Email: MLABUS@PROFILEPRODUCTS.COM