



## Credit Application and Agreement

**Thank you for your interest in Lurvey. We ask that you complete this form in its entirety before the application can be processed. Please print all information completely and legibly.**

Legal Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Extension: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Statement Delivery Preference: US Mail: \_\_\_\_\_ Email: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Is PO Necessary? \_\_\_\_\_

State Resale/Tax Exempt#: \_\_\_\_\_ Credit Request \$ \_\_\_\_\_

**(A copy of your certificate must be on file before tax-exempt status is granted).**

Ownership: Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Government \_\_\_\_\_

Name of Principal Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Principal Officer's Driver's License Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Please Note:** NSF checks will have a \$25.00 service charge added and your check writing privilege will be revoked.

### Trade References: (Please provide four)

- |    |                         |                |
|----|-------------------------|----------------|
| 1. | Company: _____          | Contact: _____ |
|    | Address: _____          | Phone: _____   |
|    | City, State, Zip: _____ | Email: _____   |
| 2. | Company: _____          | Contact: _____ |
|    | Address: _____          | Phone: _____   |
|    | City, State, Zip: _____ | Email: _____   |
| 3. | Company: _____          | Contact: _____ |
|    | Address: _____          | Phone: _____   |
|    | City, State, Zip: _____ | Email: _____   |
| 4. | Company: _____          | Contact: _____ |
|    | Address: _____          | Phone: _____   |
|    | City, State, Zip: _____ | Email: _____   |

2550 E Dempster St  
Des Plaines, IL 60016  
Phone: (847) 299-8333  
Fax: (847) 824-7543

30560 N Russell Drive  
Volo, IL 60073  
Phone: (815) 363-4420  
Fax: (815) 363-4251

496 Old Skokie Drive  
Park City, IL 60085  
Phone: (847) 249-7670  
Fax: (847) 249-7675

1819 N Wilke Rd  
Arlington Heights, IL 60004  
Phone: (847) 255-5800  
Fax: (847) 255-5855

Accounting Office  
Phone: (847) 391-0980  
Fax: (847) 391-0982

**Bank Reference:**

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

- 1. Upon approval of this Credit Application, Lurvey American Green, Inc., hereafter 'Creditor', agrees initially to extend credit to Customer to be paid within thirty (30) days of the statement date.
- 2. If any charge is not paid by Customer within thirty (30) days of the statement date, Customer agrees to pay a finance charge on the amount owing equal to one and one-half (1 1/2) percent per month. All payment received by Creditor will be applied first to service charges, then to purchases.
- 3. Customer hereby authorizes Creditor to investigate Customer's credit record and to report Customer's performance under this transaction, or any other agreement between Creditor and Customer, to credit agencies.
- 4. Customer acknowledges that in the event of non-payment, its account will be assigned for collections. Customer waives any claim of jurisdiction or venue in the county of Customer's residence or place of business, and agrees that, should suit be instituted, personal jurisdiction, as well as venue, will be exclusively in Lake, Cook, McHenry, DuPage, and Kane County Illinois.
- 5. In the event that Creditor, or its agents, institute legal proceedings to collect any amount due and owing, Customer will be responsible for any cost incurred in collecting such amount, including, but not limited to, reasonable attorney's fees and court costs at both the trial and appellate levels.
- 6. If any provisions hereof are deemed invalid or unenforceable to any extent, the remainder of the terms hereof will not be affected thereby and will be enforced to the greatest extent permitted by law. No enforcement of any provision shall not constitute a waiver of same.

\_\_\_\_\_  
Company Date  
\_\_\_\_\_  
Name and Title  
\_\_\_\_\_  
Federal ID Number (if applicable) Signature

**Personal Guarantee:**

Whereas, \_\_\_\_\_ (Please Print Name of Customer) is or may become indebted to Lurvey American Green, Inc. (Creditor)

Now, therefore, for valuable consideration, the receipt and adequacy of which are hereby acknowledged, the undersigned guarantor absolutely and unconditionally guarantees to Creditor the prompt payment at maturity and all times thereafter of the Debt.

Guarantor represents that he, she, or it is the owner of a direct or indirect interest in Customer and that Guarantor will not receive a direct and material benefit from the proceeds of any of the debt. In the event of default by Customer in payment of the debt or any part thereof when such indebtedness becomes due, either by its terms or as the result of the exercise of any power to accelerate, Guarantor shall, on demand and without any notice having been given to Guarantor previous to such demand, pay the amount due thereon to Creditor, in order to enforce such payment by Guarantor, first to institute suit or exhaust its remedies against Customer or others liable on such indebtedness.

This guaranty is executed and delivered as an incident to a credit transaction wherein, in the event of nonpayment, Customer's account will be assigned for collection by Creditor's agents and shall be construed according to the laws of the State of Illinois. Guarantor acknowledges that, should suit be instituted, jurisdiction of the person and subject matter, as well as venue, shall properly be in Lake, Cook, McHenry, DuPage, and Kane County Illinois.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Guarantor's Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_

Guarantor's Home Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**OFFICE USE ONLY:** ANCA Verified By: \_\_\_\_\_ **Rev. 2/21**

Credit Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Credit Limit \_\_\_\_\_ Reviewed By \_\_\_\_\_ Date \_\_\_\_\_