



OAK STREET WHOLESALE
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NET 30 APPLICATION

COMPANY NAME: _____

BUSINESS OWNER: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE: _____

ZIP: _____ PHONE: _____

FAX: _____

TAX ID: _____

YEARS IN BUSINESS: _____

CREDIT REFERENCE:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

NUMBER OF YEARS ON TERM: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

NUMBER OF YEARS ON TERM: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

NUMBER OF YEARS ON TERM: _____

NET 30 ACCOUNTS ARE TO BE PAID IN FULL WITHIN 30 DAYS FROM THE SHIP DATE ON THE INVOICE.
 ALL PAST DUE ACCOUNTS WILL RECEIVE A 5% FEE ADDED TO THE BALANCE EVERY MONTH IT IS
 DELINQUENT.

I HAVE READ, AGREE, AND HAVE PROVIDED TRUTHFUL INFORMATION.

SIGNATURE: _____ DATE: _____