



VALMONT STRUCTURES  
 7239 COLLECTIONS CENTER DR  
 CHICAGO, IL 60693  
 P: (574) 936-4221  
 F: (574) 936-4716

## CREDIT APPLICATION

BILLING ADDRESS			PHYSICAL ADDRESS		
NAME			NAME		
ADDRESS			ADDRESS		
CITY	ST	ZIP	CITY	ST	ZIP
PHONE	FAX		PHONE	FAX	
COMPANY INFORMATION					
PLEASE CHECK ONE					
INDIVIDUAL	PARTNERSHIP	CORPORATION	NAME OF PARENT COMPANY	STATE AND DATE OF INCORPORATION	
TAX EXEMPT STATUS (CIRCLE ONE)					
NON-EXEMPT		EXEMPT*		<b>*ATTACH COPY OF TAX EXEMPT CERTIFICATE</b>	
NUMBER OF YEARS IN BUSINESS:			FEDERAL TAX ID #		
PRESIDENT		CONTROLLER		A/P CONTACT AND PHONE NUMBER	
PLEASE FAX BACK TO THE CREDIT DEPARTMENT 574-936-4716					
TRADE REFERENCES					
NAME			NAME		
CITY	ST	ZIP	CITY	ST	ZIP
PHONE	FAX		PHONE	FAX	
NAME			NAME		
CITY	ST	ZIP	CITY	ST	ZIP
PHONE	FAX		PHONE	FAX	
BANK REFERENCE					
BANK NAME			CONTACT		
CITY	STATE		ZIP		
PHONE	FAX		ACCOUNT #		

APPLICANT HEREBY CERTIFIES THAT THE INFORMATION FURNISHED UNDER THIS APPLICATION AND ANY OTHER FINANCIAL STATEMENTS FURNISHED IN CONNECTION HEREWITHIN, IS TRUE AND CORRECT AND THAT THIS INFORMATION IS BEING FURNISHED TO SELLER FOR THE PURPOSE OF INDUCING SELLER TO EXTEND CREDIT TO APPLICANT, AND UNDERSTANDS THAT SELLER INTENDS TO RELY UPON SUCH INFORMATION. APPLICANT UNDERSTANDS THAT TERMS OF SALE ARE NET 30 DAYS UNLESS OTHERWISE STATED. APPLICANT ALSO UNDERSTANDS THAT AN INTEREST CHARGE AT THE HIGHEST RATE ALLOWED BY LAW COULD BE ASSESSED ON PAST DUE BALANCES, AS WELL AS WHERE APPROPRIATE CLAIM LEGAL FEES ON ANY AND ALL ACTION REQUIRED TO REMEDY PAYMENT. APPLICANT HEREBY AUTHORIZES SELLER TO CHECK APPLICANT'S CREDIT HISTORY, TRADE REFERENCES, BANK REFERENCES, AND TO RELEASE INFORMATION TO OTHER CREDITORS REGARDING SELLER'S CREDIT EXPERIENCE. **CREDIT INFORMATION WILL BE HELD IN STRICT CONFIDENCE.**

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_