



DESLAURIERS

Concrete Forming and Testing Accessories

Application for credit

Name of firm: _____
Street address: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

Corporate web site: _____

Contact: **Purchasing:** _____

Phone: _____ Fax: _____ Email: _____

A/P: _____

Phone: _____ Fax: _____ Email: _____

Number of years in business: _____

Description of your business and/or services provided: _____

Dun & Bradstreet rating: _____ Federal ID # _____

Tax Resale # _____ State _____ County _____

Please attach list of resale numbers for additional states

References:

1. Business name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____
Phone#: _____ Fax#: _____

2. Business name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____
Phone#: _____ Fax#: _____

3. Business name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____
Phone#: _____ Fax#: _____

Bank: Name _____ Account# _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____
Phone#: _____ Fax#: _____

Please attach list of branch locations with contact names

1245 Barnsdale Rd LaGrange Park, IL 60526
ph 800-743-4106 deslinc.com fax 877-743-4106