



Material Waiver request requirements:

1. When requesting material waiver copies of sales receipts are needed, receipts must match the dollar amount you are requesting on the waiver.
2. Must specify if a final or partial waiver is needed.
3. Company name.
4. Type of materials purchased.
5. Property address where material was installed.
6. Owner of Property.
7. Telephone number for contact person requesting waiver.
8. Dollar amount needed.
9. Mailing address where original waiver should be mailed to or if you will be picking it up at our location at 1269 E. Golf Rd, Des Plaines, IL. 60016.

\*\*\*Attached Request for Waiver form must be completed\*\*\*

If you have any questions, please feel free to contact our office at (847)824-4149.



Material Waiver Request

Final Waiver\_\_\_\_\_

Today's Date\_\_\_\_\_

Partial Waiver\_\_\_\_\_

Name of Company\_\_\_\_\_

Type of Materials\_\_\_\_\_

Property Address\_\_\_\_\_

\_\_\_\_\_

Owner of Property\_\_\_\_\_

Amount of Waiver\_\_\_\_\_

Sales Receipt Numbers\_\_\_\_\_

Telephone#\_\_\_\_\_

Email Address\_\_\_\_\_

Mailing Address for original waiver to be sent\_\_\_\_\_

\_\_\_\_\_

Pick up original waiver at Des Plaines Material\_\_\_\_\_



1269 E. GOLF ROAD, DES PLAINES, IL 60016  
CREDIT APPLICATION

1. Company Information

Full Legal Name/Business Entity	Phone #
Doing Business As (DBA)	AP Contact name
Billing Address	City State Zip
Company Type: Proprietorship Partnership Franchise Corporation Other:	
Year Business Established	Type of Business Resale #
Federal Tax ID	State of Incorporation Fax #
E-Mail Address(es):	Requested credit amount

2. Owner Information

Full Name (including middle initial)	Title	Social Security #
Home Address	City State Zip	Phone #

3. Bank References

Bank Name	Contact	Number of years doing business with this company
Address	City State Zip	Phone # Fax # or Email

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. Net 10th Prox. All accounts past due 30 days will be placed on hold until balance is paid in full.
2. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit Department.
3. Agreement to pay a service charge of 1.5% per month (18% annual rate) added to accounts unpaid after due date.

PERSONAL GUARANTY

I, \_\_\_\_\_ (Guarantor), having a financial interest further guarantees the collection of the obligation herein before mentioned, including any interest that may accrue thereon, upon condition, however, that in the event of the default of payment of said obligation.

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

I have read the terms and conditions stated and agree to all of these terms and conditions.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

DES PLAINES MATERIAL & SUPPLY

1269 E. GOLF ROAD

DES PLAINES, IL 60016

Ph: 847-824-4149

Fax: 847-298-3704

Email: sales@desplainesmaterial.com

\*PLEASE FILL OUT THIS FORM IN ITS ENTIRETY

# DES PLAINES MATERIAL & SUPPLY

1269 E. GOLF ROAD  
DES PLAINES, IL 60016  
PH: 847-824-4149 FAX: 847-298-3704

## CREDIT REFERENCE REQUEST

To Company: \_\_\_\_\_ Fax: \_\_\_\_\_

The following customer has listed you as a trade credit reference. We would appreciate it if you would complete this form and return it to us via fax at (847) 298-3704. Thank you.

### CUSTOMER REQUESTING REFERENCE:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

### REFERENCE INFORMATION

Date account opened: \_\_\_\_\_

Terms: ☐ Net \_\_\_\_ Days ☐ COD ☐ Prepay

High credit: \_\_\_\_\_

Current balance: \_\_\_\_\_

Amount past due: \_\_\_\_\_

Average days to pay: \_\_\_\_\_

Date of last order: \_\_\_\_\_

NSF history: \_\_\_\_\_

Additional comments  
or information: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE FAX TO (847) 298-3704**

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