



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_____



DES PLAINES MATERIAL & SUPPLY

1269 E. GOLF ROAD

DES PLAINES, IL 60016

Ph: 847-824-4149

Fax: 847-298-3704

Email: sales@desplainesmaterial.com

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 15th EOM. 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.

In the invoice payment terms net 15 EOM, "EOM" stands for "end of month". With these types of terms, the invoice payment is due in full within 15 days after the end of the month that it was issued. To see this in action, consider an invoice that is issued on May 20th with net 15 EOM payment terms. This invoice would be due within the first 15 days of the next month, so the invoice due date would be June 15th.

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: _____

Important Notice: All sections of this credit application must be completed in full. Incomplete applications will result in either restricted credit terms or outright denial of credit. We will not process applications that lack required information. Please ensure every field is thoroughly completed to avoid delays or refusal of credit.

Credit Reference Request Application

Applicant Information:

Company Name: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Fax Number: _____

Please provide three business credit references below. Include companies you have done business with recently.

Credit Reference 1:

Company Name: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Fax Number: _____

Credit Reference 2:

Company Name: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Fax Number: _____

Credit Reference 3:

Company Name: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Fax Number: _____

Please email the completed form to:
sales@desplainesmaterial.com



Credit Card on File Authorization

Des Plaines Material & Supply offers a Credit Card on File program as a convenient method of paying for your order. Your credit card information will be kept confidential and secure.

I/(we) hereby Authorize (Merchant) to store my (our) credit/debit card ending in (insert last 4 digits of the card number). I further authorize (Merchant Name) to make repeated and/or unscheduled charges to my(our) credit/debit card for future purchases that I verbally or otherwise authorize from time to time and, if necessary, initiate adjustments for any transaction errors. This authorization will remain in effect until (inset Merchants name) is notified by me to cancel this authorization. I further understand and agree to abide by (insert merchant name) refund policy related to this or any other purchases made with my credit/debit card on file. Any future changes made to this agreement will be sent via email at the address listed below.

Credit Card Type (circle)

Visa

MasterCard

Discover

Amex

Credit Card Number

Security Code

Exp Date

Printed Name as it appears on card

Billing Address

City

State

Zip

Phone Number

Email

Card Signature

Date Signed

The credit card number will be redacted prior to filing