

# Whimsy, Inc.

## Application for Credit

1901 S. Busse Rd.  
Mount Prospect, IL 60056  
Phone (847) 690-1246  
Fax (847) 690-1254

Please save the completed form and upload to our client portal using the following link:  
[Whimsy Credit Application Upload](#)

### Credit Terms

- ❖ All accounts invoiced by Whimsy are to be paid within the agreed credit terms of net 30 Days.
- ❖ All accounts invoiced by Whimsy accrue a finance charge of 1.5% per month if not paid within agreed terms.
- ❖ Failure to settle accounts as required will be considered sufficient cause for immediate cancellation of credit.
- ❖ Payment of any invoice must not under any circumstances be reduced or withheld because of discrepancies. Any invoice in question must be reported immediately via fax or phone so that the issue can be resolved and the invoice can be paid within the agreed credit parameters, so that no finance charges are accrued to your account.

LINE OF CREDIT REQUIRED PER WEEK \$ \_\_\_\_\_

### COMPANY INFORMATION

- Corporation
- Partnership
- Individual
- Check here if incorporated within the last 12 months

\_\_\_\_\_  
Full Legal Name of Company Phone #

\_\_\_\_\_  
Trade Name Fax #

\_\_\_\_\_  
Billing Address City State Zip

### BUSINESS CREDIT INFORMATION

\_\_\_\_\_  
Federal Tax ID Type of Business Year Business established

\_\_\_\_\_  
How long at present location? Please list other branches if applicable

# Whimsy, Inc.

## Application for Credit

1901 S. Busse Rd.  
Mount Prospect, IL 60056  
Phone (847) 690-1246  
Fax (847) 690-1254

### BANK REFERENCES

---

Primary Bank Name	Contact	Account #
-------------------	---------	-----------

---

Address	City	State	Zip	Phone/Fax #
---------	------	-------	-----	-------------

---

Secondary Bank Name	Contact	Account #
---------------------	---------	-----------

---

Address	City	State	Zip	Phone/Fax #
---------	------	-------	-----	-------------

### CREDIT REFERENCES

---

Company Name	Contact	Fax #
--------------	---------	-------

---

Address	City	State	Zip	Phone #
---------	------	-------	-----	---------

---

Company Name	Contact	Fax #
--------------	---------	-------

---

Address	City	State	Zip	Phone #
---------	------	-------	-----	---------

---

Company Name	Contact	Fax #
--------------	---------	-------

---

Address	City	State	Zip	Phone #
---------	------	-------	-----	---------

### PROPRIETOR GUARANTY

---

First Name	Initial	Last Name	SS #
------------	---------	-----------	------

---

Present Home Address	Home Phone #
----------------------	--------------

---

City	State	Zip
------	-------	-----

Please list all owners.

---

**Authorized Signature & Title**

---

**Date**

**Whimsy, Inc.**  
**Application for Credit**

1901 S. Busse Rd.  
Mount Prospect, IL 60056  
Phone (847) 690-1246  
Fax (847) 690-1254

Does your company have the capabilities of accepting invoices via e-mail? \_\_\_\_\_

If yes, please provide e-mail address for accepting invoices:

\_\_\_\_\_

If no, Please provide Billing  
instruction: \_\_\_\_\_

\_\_\_\_\_

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_ [name on your account], hereby give my  
permission to \_\_\_\_\_ [name of financial institution] to  
release my information regarding my credit to Whimsy Trucking, Inc.

\_\_\_\_\_  
Signature on Account

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Date

Please save the completed form and upload to our client portal using the following link:  
[Whimsy Credit Application Upload](#)