WarmlyYours
Radiant Heating

Credit Application

Complete the credit application in full online at:
https://www.warmlyyours.com/en-US/trade/credit-application

Or scan and email to: info@warmlyyours.com

WarmlyYours
Credit Department
590 Telser Rd
Lake Zurich, IL 60047
FAX: (800) 408-1100 Phone: (800) 875-5285

Your company's annual total in sales:	
Amount of employees:	
Amount of store locations:	
How many floor heating jobs sold :	

General information

Company Name_____ Address_____
City_____ State_____Zip_____ Phone_____ Fax_____
Billing Address_____City_____
State_____Zip_____Phone_____Fax_____
Business Start Date__/__/____Type of Business_____DBA Name_____
Is Merchandise for resale? Yes ❑ No ❑ (*If **yes** please provide the copy of certificate and fill out CRT 61*)
Federal ID number_____

Please check and complete as applicable below:

Proprietorship ❑ Partnership ❑ Corporation ❑
Principle/Owner_____Title_____
Phone_____Fax_____Contact email_____
Do you have a parent company? Yes ❑ No ❑
If yes, provide parent company name and location:_____
_____

Ordering information

Purchasing agent_____Fax_____Email_____Phone_____
Account payable contact_____Fax_____Email_____Phone_____

Open Account Trade References (3 required and please include FAX Number)

1. Name_____Address_____
City_____State_____Zip_____Phone_____Fax_____

2. Name_____Address_____
City_____State_____Zip_____Phone_____Fax_____

3. Name_____Address_____
City_____State_____Zip_____Phone_____Fax_____

Bank Information

Bank Name_____Bank contact officer_____
Bank address_____City_____State_____Zip_____
Type of Account_____Account Number_____
Phone_____Fax_____

We hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining credit. If our account is not paid as agreed according to the invoice, we promise to pay the unpaid balance and to reimburse all costs of collection.

Print Name_____Title_____
Signature_____Date_____