

CREDIT APPLICATION

DATE: _____

BUSINESS NAME: _____ YEAR ESTABLISHED: _____

TELEPHONE: _____ PRINCIPAL PRODUCT(S): _____

FAX: _____ EMAIL: _____

BILLING ADDRESS: _____ SHIPPING ADDRESS: _____

PRINCIPAL OWNER(S): _____

ADDRESS: _____

CONTACT ON ACCOUNT INQUIRIES:

NAME _____ TITLE _____

PURCHASE ORDER REQUIRED? YES NO

BANK NAME: _____ ACCOUNT NO.: _____

TELEPHONE: _____ ACCOUNT OFFICER: _____

TRADE REFERENCES:

	NAME	ADDRESS	TELEPHONE
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

DUN & BRADSTREET NO.: _____ FED.TAX ID NO.: _____

FINANCIAL DATA (ATTACH LIST OF DETAILS OR RECENT FINANCIAL STATEMENTS) AS OF _____ (DATE)

CURRENT ASSETS	_____	ANNUAL REVENUES	_____
TOTAL ASSETS	_____	OPERATING INCOME	_____
CURRENT LIABILITIES	_____	NET INCOME	_____
TOTAL LIABILITIES	_____	TOTAL EQUITY	_____

ESTIMATED MONTHLY CREDIT REQUIREMENTS: \$ _____

THE ABOVE INFORMATION IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. WE AFFIRM THAT WE ARE FINANCIALLY ABLE TO MEET OUR OBLIGATIONS AND WILL REMIT PAYMENTS IN ACCORDANCE WITH THE TERMS OF SALE. ACCOUNTS NOT PAID WITHIN TERMS WILL BE SUBJECT TO FINANCE CHARGES. IF PAYMENT IS NOT MADE WHEN DUE, THE UNDERSIGNED SHALL BE LIABLE FOR ALL COSTS OF COLLECTION INCLUDING ATTORNEY'S FEES. WE UNDERSTAND THAT ALL INFORMATION SUBMITTED WITH THIS FORM WILL BE HELD IN STRICT CONFIDENCE.

COMPANY NAME (PLEASE PRINT) _____ BY: _____ AUTHORIZED SIGNATURE _____ DATE _____

ACCOUNT MANAGER _____ AUTHORIZED SIGNATURE'S TITLE _____

FAX TO CREDIT DEPARTMENT AT (419) 698-8663; TELEPHONE (419) 698-3500 OR (800) 537-0426