

# Application for Credit

Please complete form and return to:



P.O.Box 8  
 Medway, Ohio 45341  
 fax 1-937-849-1165  
 1-800-543-7790

Name	S.S. or Fed ID. #			Business Phone #
Street Address	City	State	Zip	Fax #
P.O. Box	City	State	Zip	Email

Please Check One of the Following ;  Corporation  Partnership  Proprietorship  Personal  Other explain \_\_\_\_\_  
 If Corporation or Partnership Please complete to following information;

Name	S.S. #			Phone #
Street Address	City	State	Zip	Fax #
Name	S.S. #			Phone #
Street Address	City	State	Zip	Fax #
Name	S.S. #			Phone #
Street Address	City	State	Zip	Fax #

**Bank Reference;**

Name				Phone #
Street Address	City	State	Zip	Fax #
Name				Phone #
Street Address	City	State	Zip	Fax #

**Trade Reference with \$1,000.00 or more and or history over six (6) months**

Name				Phone #
Street Address	City	State	Zip	Fax #
Name				Phone #
Street Address	City	State	Zip	Fax #
Name				Phone #
Street Address	City	State	Zip	Fax #
Name				Phone #
Street Address	City	State	Zip	Fax #



**Applicants signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the following terms;  
Net Thirty (30) days plus 1.5% on unpaid balance.**

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the reference listed pertaining to my/our credit and financial responsibility.

Firm Name		
By	Title	Date