



CREDIT APPLICATION

MAIN OFFICE:
1537 BLACHLEYVILLE ROAD
P.O. BOX 1086
WOOSTER, OH 44691
PHONE: 330-263-7890
FAX: 330-263-7441

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CONTACT NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

ACCOUNTS PAYABLE CONTACT: _____ EMAIL: _____

HOW LONG IN BUSINESS: _____ CREDIT REQUESTING: \$ _____

BUSINESS/TRADE REFERENCES:

- 1. Company: _____ Phone: _____
Address: _____ Email: _____
_____ Fax: _____
- 2. Company: _____ Phone: _____
Address: _____ Email: _____
_____ Fax: _____
- 3. Company: _____ Phone: _____
Address: _____ Email: _____
_____ Fax: _____
- 4. Company: _____ Phone: _____
Address: _____ Email: _____
_____ Fax: _____

BANK REFERENCE

- 1. Bank: _____ Phone: _____
Address: _____ Email: _____
_____ Fax: _____

TYPE OF BUSINESS: Individual Corporation Partnership LLC Other

PURCHASE ORDER REQUIRED: Yes No

INVOICING INSTRUCTIONS: MAIL EMAIL: _____

TERMS: ALL INVOICES DUE NET 30 DAYS FOLLOWING PURCHASE

AUTHORIZED SIGNATURE FOR RELEASE OF BANK AND TRADE INFORMATION:

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____