



4974C Scioto Darby Rd,
 Hilliard, OH 43026,
 888-519-9595
 614-529-9560
 Fax: 614-529-9570

Date / /
Sadoun Acct. #

CREDIT APPLICATION

Legal Name of Company		<input type="checkbox"/> Incorporation	<input type="checkbox"/> Partnership	Years in Business
		<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Sub-Chapter S	
All DBAs	D&B Number	Federal Tax ID#		Est. Annual Purchases
Billing Address		Shipping Address		
City, State, Zip Code		City, State, Zip Code		
Phone #	Fax #	Person to Contact for Payment	E-Mail Address	
Names of Principal,	Title,	Home Address,	Social Security #	

AUTHORIZATION

We hereby agree to pay in full within the prescribed terms of sales. We further agree to all reasonable collection costs, attorney's fees and court costs should our company be placed for collection. The information herein is for the purpose of obtaining credit and is warranted to be true. We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to our credit and financial responsibility. This information should be held in strict confidence.

Signed	Title	Date
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BANK REFERENCES

Name of Bank	Street Address	City, State, Zip Code	
Account No.	Name of Contact	Phone #	Fax #
Name of Bank	Street Address	City, State, Zip Code	
Account No.	Name of Contact	Phone #	Fax #

MAJOR TRADE REFERENCES

Name of Company/Contact Person	Mailing Address, City, State, Zip Code	Phone #	Fax #
1.			
2.			
3.			
4.			

ATTACH MOST RECENT FINANCIAL STATEMENT (Balance Sheet and Profit/Loss Statement)

Resale Certificate Number _____, attach copy. Yes No

Are there any suits, judgements, tax deficiencies or other claims pending against you? Yes No

Have you ever compromised with creditors or been through bankruptcy? Yes No