



18250 Miles Avenue  
Cleveland, Ohio 44128

Phone: 800.321.8500  
Fax: 800.441.8808

# CREDIT APPLICATION FORM

Date: \_\_\_\_\_ Issued To: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Trade Style: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

## OWNERS OR AUTHORIZED OFFICERS OF CORPORATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please check one:

Partnership  Corporation  LLC  Individual Federal Tax I.D.: \_\_\_\_\_

Additional information required for conditional sales contracts under the uniform commercial code.

Debtor: (Individual Signing Contract): \_\_\_\_\_

Title: \_\_\_\_\_ Debtor's Social Security No. (Partnership/Individual): \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Started: \_\_\_\_\_

Estimated Annual Sales: \_\_\_\_\_

## TRADE REFERENCES

1) Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2) Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

3) Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

By submitting this form, the applicant attest financial responsibility, ability to, and willingness to pay invoices in accordance with the terms and conditions of sale set forth by the Seller. Terms, if not otherwise specified, are net 30 days. The above information is for the purpose of obtaining credit and is warranted to be true by the applicant. I/We hereby authorize the firm to whom this application is made to, to investigate the references listed pertaining to my/our credit and financial responsibility.