



**Confidential Credit Application**

Date: \_\_\_\_\_

14960B South State Ave—PO Box 1307

Middlefield, Ohio 44062

440-632-0356—Fax 440-632-1823

Business Name: \_\_\_\_\_ Date Business Starter: \_\_\_\_\_

Address: \_\_\_\_\_ Taxable: \_\_\_\_\_yes \_\_\_\_\_no

\_\_\_\_\_ Tad ID #: \_\_\_\_\_

\_\_\_\_\_ Type of Business: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

AP Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

**Credit References:**

Please list 3 with complete address, phone number, and fax number \*Accounts will not be approved with out verification from at least 2 references—to speed up application process please provide ALL requested information.

Name	Address	Phone Number	Fax Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Bank:**

Name	Address	Phone
_____	_____	_____

**Terms for Payment:**

1. All claims must be made within 15 days after receipt of goods.
2. Payment is due in full within 30 days for invoice date.
3. Buyer must pay late charge on invoice not paid in full within 30 days from the invoice date.  
1-12% of invoice total for each month the invoice is outstanding
4. Buyer hereby grants permission to contact any of all references listed herein.

Authorized Signature	Title	Date
_____	_____	_____