

P.O. BOX 13180 DAYTON, OH. 45413

PHONE: 866-641-8851 FAX: 937-454-2086 CREDIT APPLICATION

		APPLICANT I	NFORMATION			
Company Name:						
Date:		Years in Busines	s:	Tax ID	#:	
Address:						
City:		State:		ZIP Co	de:	
Telephone#:		Fax#:		Websit	e:	
<u>Please</u>	mark whi	ich one of the	e following app	lies w	ith an X	
{ }Corporation	{ }Partne	rship	{ } Individual		{ }Incorporated with past 12 months	
		INVOICE TO I	NFORMATION			
Bill to Address:						
City:		State:	ZIP Code:		de:	
Accounts Payable Contact:		:				
A/P Email:			Telep		elephone#:	
		SHIPPING IN	IFORMATION			
Address 1:						
City:		State:		Zip Cod	de:	
Address 2:						
City:		State:		Zip Cod	de:	
Address 3:						
City:		State:		ZIP Co	de:	
Shipping Method Less than	150Ibs:			Collect	#:	
Shipping Method Over than	150Ibs:			Collect	#:	
		BUSINESS R	EFERENCES:			
Reference 1:			Contact:			
Email:	P	hone#:	1	-ax#:		
Reference 2:			Contact:			
Email:	P	hone#:	-	=ax#:		
Reference 3:			Contact:			



P.O. BOX 13180 DAYTON, OH. 45413

PHONE: 866-641-8851 FAX: 937-454-2086 CREDIT APPLICATION

Email:	Phone#:		Fax#:
Reference 4:		Contact:	
Email:	Phone#:		Fax#:
	SIGNA	ATURE	

Please fill out the sales tax exemption form if applicable, otherwise the appropriate sales tax will be charged to all invoices.

I certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. Terms: 1% 10 Net 30 unless agreed upon by both parties





Sales and Use Tax Blanket Exemption Certificate

	(Vendor's name)	
nd certifies that the claim is based r both, as shown hereon:	d upon the purchaser's proposed use of the item	s or services, the activity of the purchas
Purchaser	must state a valid reason for claiming except	ion or exemption.
	Purchaser's name	
	Purchaser's name Street address	
	Street address	Title
	Street address City, state, ZIP code	Title
	Street address City, state, ZIP code Signature	Title
	Street address City, state, ZIP code Signature Date signed	Title