

# CREDIT APPLICATION



300 Morris St. Toledo, OH 43602  
Phone: 419-249-7090 Fax: 419-255-6446

DATE \_\_\_\_\_

Name of Business \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please check one: ( ) Corporation Fed Tax No \_\_\_\_\_ ( ) Partnership ( ) Sole Proprietor ( ) Individual

Type of Business \_\_\_\_\_ Date started \_\_\_\_\_

Estimate annual sales \_\_\_\_\_ Own or rent building \_\_\_\_\_ If rent from whom? \_\_\_\_\_

Real Estate Mortgage \_\_\_\_\_ Value \_\_\_\_\_

## PRINCIPAL OWNERS OR OFFICERS OF CORPORATION

Name \_\_\_\_\_ Title \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

## BANK REFERENCE

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_ Acct. No \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

## TRADE REFERENCES

Name \_\_\_\_\_ Address \_\_\_\_\_ Acct No \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

-----  
Name \_\_\_\_\_ Address \_\_\_\_\_ Acct No \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

-----  
Name \_\_\_\_\_ Address \_\_\_\_\_ Acct No \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Arbitration Agreement: The parties agree to resolve by binding arbitration all claims and disputes arising from or relating to agreements and transactions, including the validity of this arbitration clause. The arbitration shall be governed by the Code of Procedure of Equilaw's National Arbitration Forum (NAF). The applicable Code shall be the Code of Procedure in effect at the time the claim is filed with Equilaw, whose United States administrative office is located at: 2124 Dupont Avenue South; Minneapolis, Minnesota 55405; (612) 871-9205. The parties agree to accept service by certified mail, return receipt requested, through the United States Postal Service, of the Initial Claim Documents which begin an arbitration. Judgment upon the Award may be entered in any court having jurisdiction.

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Taxable or Tax Exempt? \_\_\_\_\_

If exempt tax exempt # \_\_\_\_\_

If exempt submit separate tax exemption form with this application.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH TERMS:

Firm Name \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_