

WESTERN OHIO TRUE VALUE HARDWARE

04405 ST RT 66 702 N EASTERN AVE 811 DEFIANCE ST
P O BOX 117 ST HENRY, OH 45883 WAPAKONETA, OH 45895
MINSTER, OH 45865 PH: 419-678-3828 PH: 419-738-7878
PH: 419-628-3804 FAX: 419-678-3345 FAX: 419-738-7999
FAX: 419-628-3799

CONFIDENTIAL BUSINESS CREDIT APPLICATION

Firm Name _____ Phone () _____

A/P E-MAIL ADDRESS _____ Fax No () _____
(REQUIRED FIELD)

Address _____ City _____ St _____ Zip Code _____

Legal Status: Partnership _____ Sole Owner _____ Corp(State) _____ Yr _____

Yr Established _____ At Present Location Since _____ Owned _____ Leased _____

Officers/Owners Name	Title	Phone
_____	_____	_____
_____	_____	_____

Trade References	Address	City	St	Phone
_____	_____	_____	_____	() _____
_____	_____	_____	_____	() _____
_____	_____	_____	_____	() _____

Bank Name _____ Address _____

City/St _____ Zip Code _____ Officer/Dept _____

Phone: () _____

Is this a taxable account? Yes _____ No _____ Sometimes _____
(IF NO OR SOMETIMES, TAX EXEMPT CERTIFICATE REQUIRED)

Please indicate whether your company requires: Purchase Order Yes ___ No ___
Job # or Name Yes ___ No ___

Contact person regarding billing questions _____

E-Mail address to send all invoices and monthly statements to is:

List of authorized signers to charge to this account (PLEASE PRINT OR TYPE)

1) _____	4) _____	7) _____
2) _____	5) _____	8) _____
3) _____	6) _____	9) _____

Would you be interested in having your account invoiced to different jobs and a separate itemized statement generated at month end for each job?

Yes _____ No _____

Contact person for us to set this up _____ Ph _____

TERMS AND CONDITIONS

Terms:	Net 15
Finance Charge:	minimum of \$2.00 or 2% per month, whichever is greater
Returned Check Fee:	\$25.00

In the event it becomes necessary for our company to file suit to enforce payment , we shall be entitled to court costs, attorney fees and interest at the rate of 2% per month on all amounts due and payable.

I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE TERMS AND HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE.

Signed:
Applicant _____ Title _____ Date _____