



4105 Strausser St. NW, North Canton, OH 44720  
330-526-6095 1-800-883-1204 Fax 330-526-6097

**CREDIT APPLICATION**

COMPANY NAME: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
CONTACT/TITLE: \_\_\_\_\_ FEDERAL TAX ID#: \_\_\_\_\_  
ACCTS PAYABLE NAME & EMAIL: \_\_\_\_\_

**SHIP TO ADDRESS, IF DIFFERENT: (If more than one shipping location, please submit on separate sheet of paper)**

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Is a purchase order number required? YES OR NO \*Tax Exempt?: YES OR NO  
\*Please include exemption form if Yes

**YRS IN BUSINESS:** \_\_\_\_\_ **BANK/ACCT #:** \_\_\_\_\_

**NAME/ADDRESS/PHONE# OF PRINCIPALS:**  
\_\_\_\_\_  
\_\_\_\_\_

**CREDIT REFERENCES: (NO BANKS OR LEASING COMPANIES)**

NAME	PHONE	FAX
_____	_____	_____
_____	_____	_____
_____	_____	_____

Terms: Net 30 days to credit approved accounts only. A fee of \$45.00 will be charged for all returned checks. Past due accounts are subject to credit review and will be charged 2% per month interest (24% apr). Collection and/or attorney fees will be added in the event of forced collection.

I agree to the above terms and conditions and agree to pay any and all service, collection and legal fees incurred.

Signed (Officer of Company) \_\_\_\_\_ Date \_\_\_\_\_