

3676 Davis Road N.W. • Dover, Ohio 44622 • (330) 343-7711 • 1-800-321-8805 • Fax: (330) 364-9626

Date: _____

Credit Application

Credit Amount Requested: _____

| BUSINESS CONTACT INFORMATION | | | | | | | | |
|--|------------------------|---------------------|----------|---------------|---------------|-----|--|--|
| Company Name: | | | | | | | | |
| Applicant Name and Title: | | | | | | | | |
| Phone: | Fax: | | E-mail: | | | | | |
| BUSINESS INFORMATION | | | | | | | | |
| Primary Business Address: | | | | | | | | |
| City: | | | State: | | ZIP Code: | | | |
| Phone: | Fax: | | Website: | | | | | |
| How long at current address? | | | | | | | | |
| TIN: | | | DUNS: | | | | | |
| Date Business Commenced: | | | | | | | | |
| Tax Exempt: Yes No | Sales Tax Exempt #: | | | | | | | |
| Type of Business: Sole Proprietorship | General Partnership | Limited Partnership | | C-Corporation | S-Corporation | LLC | | |
| NAMES OF OWNERS, PARTNERS OR CORPORATE OFFICERS | | | | | | | | |
| Name: | Title: | Address: | | | | | | |
| Name: | Title: | Address: | | | | | | |
| Have the officers or owners given personal guarantees for any debt of the company? | | Yes | | No | | | | |

| INVOICING/PAYABLES INFORMATION | | | | | |
|--------------------------------|--|--|--|--|--|
| Invoice Email: | | | | | |
| Payables Contact Name: | | | | | |
| Payables Phone/Email: | | | | | |

Please provide W-9 and sales tax exemption certificate

| BANK INFORMATION | | | | | | |
|---------------------------|----------------|---------|-----------|--|--|--|
| Bank Name: | | | | | | |
| Bank Address: | | Phone: | | | | |
| City: | | State: | ZIP Code: | | | |
| Type of Account | Account Number | | | | | |
| Savings | | | | | | |
| Checking | | | | | | |
| BUSINESS/TRADE REFERENCES | | | | | | |
| Company Name: | | | | | | |
| Address: | | | | | | |
| City: | | State: | ZIP Code: | | | |
| Phone: | Fax: | E-mail: | | | | |
| Account Limit and Terms: | | | | | | |
| Company Name: | | | | | | |
| Address: | | | | | | |
| City: | | State: | ZIP Code: | | | |
| Phone: | Fax: | E-mail: | | | | |
| Account Limit and Terms: | | | | | | |
| Company Name: | | | | | | |
| Address: | | | | | | |
| City: | | State: | ZIP Code: | | | |
| Phone: | Fax: | E-mail: | | | | |
| Account Limit and Terms: | | | | | | |

Terms and Conditions

- 1. This application shall not be binding on Seller until approved at Sellers office.
- Payment terms are <u>NET 30 DAYS</u> from date of invoice. Invoices paid late will be assessed interest costs of 1.50% per month.
- 3. Buyer pays freight expense FOB sellers locations.
- 4. Seller hereby expressly reserves the right to cancel or revoke any credit extended to Buyer if Buyer fails to pay for any shipment when due or, if in Sellers opinion, there is a material adverse change in Buyer's financial condition.
- 5. Returns of product are permitted only after Sellers explicit Returned Goods Authorization approval. A re-stocking fee of 25% will be charged for salable merchandise returned by Buyer, except for defective product once inspected by Dover personnel.
- 6. Buyer agrees to a minimum product charge of \$5000 per delivery (unless otherwise negotiated).
- 7. Buyer agrees to reimburse Seller for all reasonable collection costs, attorney fees and associated costs if payment has not been received within terms. No offsets are permitted.
- 8. By submitting this application, Buyer authorizes Seller to make inquiries into the banking and business/trade references of Buyer.
- 9. Buyer certifies that the statements in this application for open account are true and complete.
- 10. By signing this application, Buyer agrees to all of the terms and conditions listed above.

Authorized Signature