



P.O. Box 369
East Claridon, OH 44033

440-635-0990 1-800-362-1343
Fax: 440-635-0980

CREDIT APPLICATION

Company Name: _____

Address: _____

City, State, and Zip: _____

Telephone Number: _____ Fax Number: _____

Type of Ownership: Individual Partnership Corporation

Years in business: _____ Federal ID# _____

Principal Owner(s): _____

Address: _____

City, State, and Zip: _____

Banking Institution: _____ Contact: _____

Address: _____ Telephone: _____

Please provide three (3) references:

Name City State Telephone Fax

Name City State Telephone Fax

Name City State Telephone Fax

PLEASE NOTE: IF YOU ARE TAX EXEMPT YOU MUST SUBMIT A TAX EXEMPTION CERTIFICATE TO US PRIOR TO THE BEGINNING OF THE JOB.

Approved By: _____ Date: _____ Credit limit: _____

Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

(Vendor's name)

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

Purchaser must state a valid reason for claiming exception or exemption.

Purchaser's name

Street address

City, state, ZIP code

Signature

Title

Date signed

Vendor's license number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code. This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.