

286 W. Greenwich Rd., Seville, OH 44273



Toll Free: 877-745-5050 Fax: 330-769-5566

Application for 'Net' Terms

Business Name: _____

DBA (if applicable): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Accounts Payable Contact(s): _____

Number of Years In Business: _____ Business License/Tax ID Number: _____

In the spaces provided below, please list up to five trade references that you do business with on a Net basis only. Account numbers and phone numbers must be included. We regret we cannot accept prepay or COD account references. The references you provide must indicate activity within the past year.

1.) Company Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

2.) Company Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

3.) Company Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

4.) Company Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

5.) Company Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

*Signature: _____ Date: _____

Printed Name: _____

**Signature of Individual personally guaranteeing payment by the above Company. This Individual also agrees to pay finance charges of 1 1/2% in the event the account becomes past due in accordance with the terms of the sale. This Individual also agrees to pay all fees and collection costs in the event that this account is placed for collections.*