



Everything for people@work.

APPLICATION FOR CREDIT

telephone 419-427-1704 fax 419-425-9432

Friends Sales Associate _____

Legal Company Name _____

Phone: _____ Fax: _____ Accounts Payable Email: _____

Purchasing Contact Email: _____

Bill To: _____ Ship To: _____

County _____ County _____

Table with 5 columns: NAME, TITLE, HOME ADDRESS, PHONE, SS#. Rows 1) to 3) for Principal Owners or Officers.

* SOCIAL SECURITY NUMBER IS REQUIRED ON ALL PARTNERSHIPS AND PROPRIETORSHIPS

BUSINESS TYPE: CORPORATION ___ SUBSIDIARY ___ PARTNERSHIP ___ PROPRIETORSHIP ___

NAME OF PARENT COMPANY IF SUBSIDIARY OR DIVISION _____

DATE ESTABLISHED _____ YEARS AT PRESENT LOCATION _____ PRESENT OWNERSHIP SINCE _____

FEDERAL TAX ID# _____ Estimated Monthly Amount: _____

PURCHASE ORDER # REQUIRED? Y or N

ARE YOU TAX EXEMPT? _____ IF SO, PLEASE ATTACH A SALES AND USE TAX FORM

ACCOUNTS PAYABLE CONTACT:

NAME _____ PHONE _____ EXTENSION _____

Table with 5 columns: NAME, ADDRESS & CITY, ZIP, PHONE, FAX. Rows 1) to 3) for Trade References.

Table with 2 columns: NAME & ADDRESS OF BANK, BANK OFFICER. Sub-rows for ACCOUNT #, PHONE, FAX.

The undersigned applicant certifies the above information is true and correct and authorizes Friends Business Source to contact all the references listed to verify information on the applicant's company. The undersigned agrees to pay all charges in accordance with payment terms of Net 15 days. A late fee of 2.0 % per month will be applied to balances 30 days past due.

Should credit availability be granted by Friends Business Source, all decisions with respect to its extension or continuation shall be in the sole discretion of Friends Business Source. Friends Business Source may terminate any credit availability within its sole discretion. If the undersigned applicant's account is placed in the hands of an outside agency for collection, the undersigned agrees to pay reasonable attorney fees and collection costs, even though legal proceedings are not filed.

SIGNATURE OF AUTHORIZED OFFICER OR OWNER _____ DATE _____

Please, only authorized signature can be accepted (CEO, VP Level Executive, Controller or Owner)

PRINT NAME OF AUTHORIZED OFFICER OR OWNER _____