



Everything for people@work.

APPLICATION FOR CREDIT

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

Friends Sales Associate_David J Pydlek_____

Legal Company Name _____

Phone: _____

Fax: _____

Accounts Payable Email: _____

Purchasing Contact Email: _____

Bill To: _____

Ship To: _____

County _____

County _____

PRINCIPAL OWNERS OR OFFICERS

Table with 5 columns: NAME, TITLE, HOME ADDRESS, PHONE, SS#. Rows 1), 2), 3) with blank lines for data entry.

* 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_____

TRADE REFERENCES (Manufacturer Preferred)

Table with 5 columns: NAME, ADDRESS & CITY, ZIP, PHONE, FAX. Rows 1), 2), 3) with blank lines for data entry.

Table with 2 columns: NAME & ADDRESS OF BANK, BANK OFFICER. Sub-headers: ACCOUNT #, PHONE, FAX. Blank lines for data entry.

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 _____