

10039 Aurora-Hudson Road Streetsboro, OH 44241 Phone: 888-465-6737 Fax: 330-342-3896

Applied By Mail
Applied In Person
Applied via Fax/Phone/E-mail

Salesperson		- COI	NFIDENT	TIAL CREDIT APPL	ICATION	
Name					Tax ID.	
Address				Years in Bu	siness	
City		State	Zip	D	%B No	
Phone			FAX#	Soc. S	ec. No.	
Email address			_		Ownership/L	iability
PARTNERS / PRIN	ICIPALS / CORPO	RATE OFFICERS	S / (persons aut	thorized to pay bills)	Sole Pro Partners Corporat	prietorship hip
Nar	ne	Tit	le	Home Addres	S	Fax #
BANK REFERENC						
Bank I	Name	Account #		Contact/Title		Phone
TRADE REFERENCES (Please suppose Company Name		ly at least 3 refe		Address		Fax
	•					
PLEASE LIST ALL	BRANCH NAMES	AND BRANCH	MANAGER'S N	AMES EITHER ON YOUR LETTER	HEAD OR ANO	THER PAGE
1. Terms are Net 3	0 unless otherwise	specified. All Me	rchandise must l	be paid within 30 days of your purch	nase, INCLUDINO	ALL CORE CHARGES.
2. Interest of 2% pe	er month will be cha	arged on past due	accounts. This	is an annual rate of 24%.		
3. Customer will be checks returned to		ction costs incurr	ed by Joseph In	dustries, Inc. for the collection of an	y past due amou	ints and any NSF fees for
4. This credit applic	cation must be sign	ned before credit	can be extended	1.		
5. Once an accoun	t is inactive for 2 ye	ears, a new credit	application and	review is required.		
				nis page is complete and accurate a d, and accept the terms and condition		
	Date:		Autho	orized Signature:		