



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Business EIN:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

Savings

Checking

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize OHIO LUMBER LLC to make inquiries into the banking and business/trade references that you have supplied.
4. A service charge of 2% per month (Annual Percentage Rate of 24%) will be assessed on any accounts not paid within terms.
5. Returned Check Policy – for any returned check there will be a \$30.00 returned check fee charge.

SIGNATURES	
Title: Date:	Title: Date:



PLEASE FAX OR MAIL TO OUR OFFICE AT:

8890 ST RT 117

HUNTSVILLE, OHIO 43324

937-686-3780 (FAX)

ANY QUESTIONS, PLEASE CALL US AT

937-686-6434