



Office Use: Acct #: _____
Code: _____

CUSTOMER CREDIT APPLICATION

3786 Ridge Rd, Cleveland, OH, 44144

PH: 216-651-9400 FAX: 216-651-4071

Net 30 _____ Credit Card _____ COD _____ Wire Transfer _____

Company Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Purchasing Contact: _____

Phone: _____ Fax: _____

Email Sales/Shipping Acknowledgements to: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Federal ID #: _____ Dun & Bradstreet Number: _____

**** Please include Tax Blanket Exemption Certificate with this application****

Ship: Prepay & Add: _____ OR UPS Collect #: _____ OR Fedex Collect #: _____

A/P Contact: _____

A/P Phone: _____ A/P Fax: _____

A/P Email: _____ Credit Amount Requested: \$ _____

Principals (owner): _____ Year Established: _____

BUSINESS CATEGORY:

- Industrial Distributor
- Industrial OEM
- Gas Distributor
- Medical OEM
- Medical Distributor
- Hospital/Clinic
- Other _____

Name of Bank: _____ Account Number: _____

Bank Contact: _____ Phone: _____ Fax: _____

****If applying for Net 30 Terms, please provide three complete trade references with which you currently conduct business, that have confirmed their willingness to provide a reference.****

Ref #1: _____ Account #: _____

Phone #: _____ FAX: _____

Ref #2: _____ Account #: _____

Phone #: _____ FAX: _____

Ref #3: _____ Account #: _____

Phone #: _____ FAX: _____

Signature _____ Title _____ Date _____

****Please return application via fax to our Credit Dept. : (216) 651-4071****