



1399 E. Western Reserve Road Poland, Ohio 44514-3250  
 (330) 757-3569 (800) 837-3888  
 Fax (330) 757-3634 (800) 657-7236

## CONFIDENTIAL CREDIT APPLICATION

Company Name: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

Bill to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ship to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Year Established: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Type of Company:  Sole Proprietor  Partnership  Limited Liability Co.  Corporation  
 Other (please specify) \_\_\_\_\_

Type of Facility: Hospital  Nursing Home  Rehab Center

Physician's Office  Athletic Trainer  Other

How Did You Hear About Us? \_\_\_\_\_

### Ownership Information

Please complete the below information for all officers, partners, members and owners. Please attach a separate sheet of paper if more space is required.

Name	Title	%Own	Home Address	Home Phone #

**Bank Reference**

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

**Trade References**

Please list three significant business relationships.

Name	Address	Phone #

Has the company or any officer, partner, member, or owner ever filed bankruptcy?  Yes  No  
If yes attach detail information.

Has your company or any company that any officer, partner, member or owner been associated with as an officer, partner, member or owner ever had credit with us before?  Yes  No  
If yes under what name \_\_\_\_\_

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to the creditors terms of sale as will be reflected on the creditors invoice. I also agree and accept that the credit limit and credit terms may be changed or withdrawn at the sole discretion of the creditor.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The applicant authorizes creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide creditor with complete information for the purpose of credit evaluation.

Applicant Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_