

P.O. Box 234
Ney, OH 43549



Email: rnotestine@gmail.com
Phone: (419) 658-2010
Fax: (419) 658-2090

BUSINESS INFORMATION

Company Name _____ Telephone _____ Fax _____
Postal Address _____ Shipping Address _____
City _____ St _____ Zip _____ Parent Company, if any _____
Years in business _____ No. of employees _____ Bus. License No. _____ Sales Tax No. _____
Type of ownership _____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION e-mail _____
Website _____ Trade Organization Memberships _____

Please indicate names of owners or officers
President _____ Vice President _____
Secretary _____ Treasurer _____

List other employment or locations: _____

OWNERS/OFFICERS INFORMATION

1. Name _____ Title _____ Home Phone _____
Home Address _____ City _____ St _____ Zip _____

1. Name _____ Title _____ Home Phone _____
Home Address _____ City _____ St _____ Zip _____

MAJOR SUPPLIERS

1. _____ 2. _____ 3. _____
Addr _____ Addr _____ Addr _____
Tel _____ Tel _____ Tel _____
Acct # _____ Acct # _____ Acct # _____

BANK REFERENCES

1st Bank _____ Tel _____ 2nd Bank _____ Tel _____
Address _____ [] Checking acct Address _____ [] Checking acct
_____ [] Loan _____ [] Loan
Acct # _____ Acct # _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT AFTER YOU HAVE COMPLETED APPLICABLE SECTIONS

You are authorized to contact parties indicated on this application for verification. For purposes of obtaining credit, I/We certify that the information given in this application is true and accurate, and any financial information submitted correctly reflects our financial condition. I/We agree to pay all invoices within stated terms and to pay services charges on amounts paid after invoice due dates at a rate of 1.5% per month, or the maximum allowable rate, whichever is less. In event suit is instituted to collect amounts owing to you and a judgment is rendered in your favor, I/We agree to pay court costs and reasonable attorney fees. I/We have read this agreement and a copy has been made available to us or is available to us upon our requesting same from the credit department.

DATE _____ BY _____ TITLE _____
DATE _____ BY _____ TITLE _____

PERSONAL GUARANTEE – PLEASE DO NOT INCLUDE TITLE WHEN SIGNING PERSONAL GUARANTEE

For value received, including merchandise, services, or other valuable consideration, I hereby unconditionally guarantee at all times, full and prompt payment, upon demand, of any indebtedness which has been incurred under this agreement. I understand this to mean that I will personally guarantee payment of all debts and obligations under this agreement.

DATE _____ BY _____ PRINT NAME _____
DATE _____ BY _____ PRINT NAME _____

NOTE: Please email to rnotestine@gmail.com or fax at 419-658-2090 your dealer application to us.