



**Branch Location:**

7455 Tyler Blvd, Mentor, OH 44060 (CORP)	440-951-5111	<input type="text"/>
4740 Devitt Dr., Cincinnati, Ohio 45246	513-874-4707	<input type="text"/>
25435 Brest Rd., Taylor, Mich. 48180	734-946-7401	<input type="text"/>
450 Riverport Dr., Leetsdale, PA 15056	724-266-4000	<input type="text"/>
5405 Foundation Dr. Evansville, IN 47725	812-471-3808	<input type="text"/>
3691 Shepard Rd., Perry, OH 44081	440-259-0025	<input type="text"/>

## CREDIT APPLICATION

Company Name \_\_\_\_\_

DBA (if different) \_\_\_\_\_

Phone \_\_\_\_\_

Bill to Address \_\_\_\_\_

Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal Tax ID or Social Security Number \_\_\_\_\_

Would you accept first shipment COD? \_\_\_\_\_

A/P Contact \_\_\_\_\_ / Phone # \_\_\_\_\_

Ship to address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

D&B# \_\_\_\_\_

Are you a:

**CORPORATION** State of Corp: \_\_\_\_\_
  **PARTNERSHIP**
 **SOLE PROPRIETORSHIP\***

Name, titles, and addresses of your three chief corporate officers or partners.

Are you sales tax exempt? \_\_\_\_\_ yes \* \_\_\_\_\_ no *\*if yes, please attach a copy of your sales tax exempt form.*

Purchase order required? \_\_\_\_\_ yes \_\_\_\_\_ no Amount of Credit Requested: \_\_\_\_\_

\*If you are a Sole Proprietorship:

Have you ever had credit with us before? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, under what name? \_\_\_\_\_

## FINANCIAL STATEMENT / TRADE AND BANK REFERENCES

**For orders greater than \$10,000, please enclose a copy of your current financial statements.**

**These financial statements will be used in STRICT confidence for credit evaluation purposes only.**

## TRADE REFERENCES

### Reference #1

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Reference #2

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Reference #3

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Reference #4

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

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## BANK REFERENCE

Account # \_\_\_\_\_ Contact Person \_\_\_\_\_  
Name of Bank \_\_\_\_\_ Phone Number \_\_\_\_\_ / Fax Number \_\_\_\_\_  
Address \_\_\_\_\_

## CREDIT POLICIES AND BILLING TERMS

It is **IMPORTANT** that our customers understand our credit policies and billing terms. Our conditions of sale that govern all shipments of goods and services provided can be found on our web site @ [www.glpower.com](http://www.glpower.com) or a copy may be furnished upon your request. By signing this application, the undersigned agrees to such policies and terms.

In consideration of **Great Lakes Power Service** and its affiliates accepting credit of my company, I/we agree that terms of payment are NET 10 days. I/we agree to pay a 1-1/2% per service charge (annual rate 18%) or the legal maximum for all past due accounts and agree to pay all reasonable legal and/or collection fees incurred by **Great Lakes Power Service** and its affiliates.

## RELEASE OF CUSTOMARY CREDIT INFORMATION

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize any institution herein listed as credit reference, bank or trade reference to release credit information concerning the company to **Great Lakes Power Service** and its affiliates.

## AUTHORIZATION

The undersigned further acknowledges that he/she is an owner or officer of the company and as such has authority to sign on behalf of the company and obligate the company under the terms and conditions of sales as noted above.

Owner / Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

\_\_\_\_\_

