



PLEASE RETURN TO 65 E. Kingston Avenue Columbus, Ohio 43207

614/443-6541  
Fax 614/443-0340

PLEASE FILL OUT COMPLETELY; PLEASE PRINT OR TYPE

### CREDIT APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Parent Corp. (if Sub.) \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ St. \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax \_\_\_\_\_

#### BUSINESS STRUCTURE

INDIVIDUAL    CORPORATION    PTNRSHIP    LLC    LLP/LP    OTHER \_\_\_\_\_

STATE OF REGISTRATION AND STATE REGISTRATION #

YEAR BUSINESS STARTED

FEDERAL ID #/SS #

| OFFICERS/PARTNERS/MEMBERS/CO-SIGNORS & TITLE | ADDRESS | PHONE NUMBER | SOCIAL SECURITY # |
|--|---------|--------------|-------------------|
|  |         |              |                   |
|  |         |              |                   |
|  |         |              |                   |

#### BANK REFERENCES

| NAME OF BANK | PHONE NUMBER | CONTACT PERSON | LOAN NUMBER | CHECKING ACCOUNT # |
|--------------|--------------|----------------|-------------|--------------------|
|              |              |                |             |                    |
|              |              |                |             |                    |

#### EQUIPMENT FINANCING REFERENCES

| FINANCE COMPANY | PHONE NUMBER | CONTACT PERSON | ACCOUNT NUMBER |
|-----------------|--------------|----------------|----------------|
|                 |              |                |                |
|                 |              |                |                |

#### TRADE REFERENCES

| NAME | CITY, STATE | FAX NUMBER |
|------|-------------|------------|
|      |             |            |
|      |             |            |
|      |             |            |
|      |             |            |

APPLICATION IS INVALID UNLESS SIGNED ON THE BACK OF THIS PAGE. OVER FOR ADDITIONAL TERMS.

**COLUMBUS** 614/443-6541  
50 E. Kingston Ave  
OH 43207

**PERRYSBURG** 419/872-7101  
12500 Williams Rd.  
OH 43551

**CINCINNATI** 513/771-3922  
11512 Gondola St.  
OH 45241

**RICHFIELD** 330/659-6681  
3942 Brecksville Rd.  
OH 44286

**CADIZ** 740/942-8871  
290 Old Steubenville Pike  
OH 43907

**DAYTON** 937/879-3154  
7570 New Carlisle Pike  
OH 45424

**CANTON** 330/453-4521  
1601 Shepler Church Ave. S.W.  
OH 44706

**CAMBRIDGE** 740/435-9529  
62787 Phillips Rd.  
OH 43725

**JACKSON** 740/288-0222  
1611 Pattonville Rd.  
OH 45640

BY SIGNING BELOW, THE UNDERSIGNED INDIVIDUAL(S), WHO IS/ARE EITHER A PRINCIPAL OF THE CREDIT APPLICANT OR A PERSONAL GUARANTOR OF ITS OBLIGATIONS, PROVIDES WRITTEN INSTRUCTION TO COLUMBUS EQUIPMENT COMPANY ITS DESIGNEE AND ANY ASSIGNEE OR POTENTIAL ASSIGNEE THEREOF AUTHORIZING REVIEW OF HIS/HER PERSONAL CREDIT PROFILE FROM A NATIONAL CREDIT BUREAU. SUCH AUTHORIZATION SHALL EXTEND TO OBTAINING A CREDIT PROFILE IN CONSIDERING THIS APPLICATION AND SUBSEQUENTLY FOR THE PURPOSES OF UPDATE, RENEWAL OR EXTENSION OF SUCH CREDIT OR ADDITIONAL CREDIT AND FOR REVIEWING OR COLLECTING THE RESULTING ACCOUNT. A PHOTOSTAT OR FACSIMILE COPY OF THIS AUTHORIZATION SHALL BE VALID AS THE ORIGINAL. I/WE AFFIRM MY/OUR IDENTITY AS THE RESPECTIVE INDIVIDUALS IDENTIFIED IN THE ABOVE APPLICATION.

ALSO, THE UNDERSIGNED AUTHORIZES COLUMBUS EQUIPMENT COMPANY TO OBTAIN INFORMATION ABOUT THE UNDERSIGNED FROM ANY CREDIT REPORTING AGENCY; HEREBY AUTHORIZES THE NAMED BANK(S), FINANCIAL INSTITUTION(S) OR TRADE REFERENCE(S) TO RELEASE SUCH INFORMATION AS IS NECESSARY TO ESTABLISH CREDIT WITH COLUMBUS EQUIPMENT COMPANY; AND HEREBY GRANTS EXPRESS PERMISSION TO COLUMBUS EQUIPMENT COMPANY, ITS DESIGNEE OR ANY ASSIGNEE TO TRANSMIT TO THE FOLLOWING AND OTHER FACSIMILE MACHINES OF THE UNDERSIGNED ANY INFORMATION RELATING TO ANY PRODUCTS PURCHASED BY THE UNDERSIGNED WITH CREDIT ESTABLISHED WITH COLUMBUS EQUIPMENT COMPANY OR ITS DESIGNEE. THE UNDERSIGNED WILL ALSO ADVISE COLUMBUS EQUIPMENT COMPANY IN WRITING OF ANY NUMBER CHANGES IN OR ADDITIONS OR DELETIONS TO ITS FACSIMILE MACHINE.

FAX NUMBER(S) \_\_\_\_\_

Columbus Equipment Company reserves the right not to extend further credit to accounts that are not current. I/We certify that each of the statements made and answers given in this application is true and correct and this application is made for the purpose of inducing Columbus Equipment Company to extend credit to the Applicant.

I/We understand that this application for credit and all accounts specifically set up for the Applicant shall be governed by and construed under the laws of the State of Ohio, specifically those of Franklin County. Applicant agrees that in the event of a default that he/she/it will consent to and be subject to the jurisdiction of the Courts of the State of Ohio, Franklin County, to enforce the terms of this application for credit.

I/We further agree to reimburse Columbus Equipment Company for its legal fees involved in the collection of any monies owed as a result of the Applicant's failure to pay in a timely fashion on the Applicant's open accounts with Columbus Equipment Company and/or any other legal fees incurred as a result of the Applicant's breach of contract with Columbus Equipment Company. Finance charges will be assessed on past due invoices at a rate of 1.5% per month, 18% annually.

I/We understand that unless Columbus Equipment Company has been notified in writing, otherwise, Columbus Equipment Company is hereby authorized to permit any employee of the undersigned Applicant to charge materials and services to the accounts of said Applicant.

Monthly Credit Line Requested \$ \_\_\_\_\_ P.O. Required Yes \_\_\_\_\_ No \_\_\_\_\_

Taxable: Yes \_\_\_\_\_ No \_\_\_\_\_ (IF NO, VALID TAX EXEMPTION CERTIFICATE MUST BE FURNISHED WITH APPLICATION; TAX WILL BE BILLED UNTIL CERTIFICATE IS RECEIVED.)

\*SEE INVOICE FOR PAYMENT REMITTANCE ADDRESS\*

I acknowledge that I furnished the information given herein to obtain credit and warrant that it is true and agree to all as stated herein.

**\*\*IMPORTANT\*\***

- APPLICATION MUST BE SIGNED AND DATED
- SOCIAL SECURITY NO.(S) MUST BE COMPLETED FOR INDIVIDUAL AND PARTNERSHIPS

Date \_\_\_\_\_

Signature of Authorized **Officer** \_\_\_\_\_ Title \_\_\_\_\_

Signature of **Individual Applicant** \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Signature of **Individual Applicant** \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_