

## COMPANY WRENCH CREDIT APPLICATION

4805 Scooby Lane, Carroll, OH 43112 Phone: 740-654-5304 Fax :740-687-9130

Company Wrench Salesman Name \_\_\_\_\_

Legal Company Name \_\_\_\_\_ Date \_\_\_\_\_

Billing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ A/P Contact \_\_\_\_\_

PO Required \_\_\_ Yes \_\_\_ No Tax Exempt \_\_\_ No \_\_\_ Yes (Attach Certificate) Years In Business \_\_\_\_\_

APPLICANT IS A (X ONE):    ( ) Corporation    ( ) LLC    ( ) Partnership    ( ) Sole Proprietorship  
 State of incorporation/organization \_\_\_\_\_

Requested Credit Amount: \_\_\_\_\_ Federal I.D. # \_\_\_\_\_

D&B No. \_\_\_\_\_

**Bank References**

NAME	ACCOUNT #/CONTACT	PHONE #/FAX #

**Trade References**

COMPANY NAME	ACCOUNT NUMBER	PHONE #/CONTACT	FAX NUMBER

**We hereby authorize Company Wrench to contact the above references to gather information for the purpose of obtaining credit information. By signing below, we are agreeing to Company Wrench's Terms and Conditions.**

**TERMS: Accounts due net 30 days. A finance charge of 2% per month will be added to past due balances.**

Date \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_

**PERSONAL GUARANTY (Required for applicants not incorporated)**

**In consideration of your extending credit to the applicant, the undersigned jointly, severally, and personally do hereby agree to pay for all goods and/or services sold to applicant, and in the event of default by applicant, you shall be entitled to look to us for payment without prior demand or notice and without first having attempted to collect from applicant. In the event you engage the services of any attorney to collect any sum of money due hereunder, or to enforce or defend your rights hereunder, you shall be entitled to collect reasonable attorney's fees and court costs where applicable from the undersigned. The liability of the undersigned shall not be affected by any extensions or indulgences granted applicant, or by releasing or surrendering any security given by the applicant. The undersigned agrees to give you written notice by Certified Mail in the event of any change in the ownership of applicant's business or the form of applicant's business organization.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Social Security Number