

CREDIT APPLICATION

4805 Scooby Lane, Carroll, OH 43112 Jason Templeton Phone: 740-422-6068

Please Complete & Send via Fax: 740-422-1733 or E-mail: finance@companywrench.com

Company Wrench Salesman Name			
Legal Company Name "Applicant" Date			
Billing Address (city, state, zip)			
Telephone Number	Fax Number		D&B No
PO RequiredNoYes	Tax ExemptNo	Yes (If YES You MUST Attach C	Certificate) Years In Business
Type of Business check one: () Corporate	tion () LLC () Partners	hip () Sole Proprietorship	State Filed In
Minimum Credit Requested \$	For		TAX I.D. #
A/P Contact	A/P E-mai	address	
Bank References NAME	ACCOUNT:	#/CONTACT	PHONE #/FAX #
Trade References			
COMPANY NAME	ACCOUNT NUMBER	PHONE #/CONTACT	T FAX NUMBER
any legal proceeding to resolve a dispute use Printed Name	nder this Application shall be si	tuated in the Fairfield County, Title	
Signature X		ANTY AGREEMENT	
personally guarantee the full and prompt equipment or parts from Company. I ag attempted to collect from Applicant. I a Applicant, or by releasing or surrendering expenses, including attorney fees, it may statement of Company's damages sworn extent of my liability. I agree the Fairfiethis Personal Guaranty. I acknowledge C credit and/or enter into an agreement with position within, the Applicant, I underst Guaranty shall be unlimited as to amoun receipt requested, to 4805 Scooby Ln., C Date"). No termination shall modify, relieuse of titles shall have no legal significated Guaranty. I hereby agree to the terms of the connection with the extension or continuation.	payment of Applicant's obligate Company may look to magree My liability shall not be gany security given by the Apincur by reason of enforcing it to by an officer or authorized ld County, Ohio Court of Comompany is relying upon the reth Applicant. Although Comtand I am signing this Person tor duration and may only be Carroll, OH 43112, with said eve, or discharge my obligation ance and missing/incomplete in this Personal Guaranty and author of credit contemplated her	ations arising under any agree e for payment without prior of e affected by any extensions, oplicant. I agree to reimburse to ts rights under the terms of the representative of Company shamon Pleas is the only proper presentations in this Personal pany may require this Personal al Guaranty in my personal of terminated by sending a write termination effective (30) days for any transaction occurring information shall not relieve to orize Company to secure my cein or the collection of debts re-	
Printed Name of Personal Guarantor	Social Security Numbe	r of Personal Guarantor	Date of Birth of Personal Guarantor
Signature of Personal Guarantor			Date