

Credit Application

Business Name: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Web Address _____

Business Organization: Corporation: Partnership: Sole Proprietor: # of Years in Business: _____

Owner / Partner / Officer Name: _____ Title: _____

Owner / Partner / Officer Name: _____ Title: _____

Owner / Partner / Officer Name: _____ Title: _____

Bank References

Name: _____ Address: _____

City / State / Zip: _____ Phone Number: _____ Fax Number: _____

Name: _____ Address: _____

City / State / Zip: _____ Phone Number: _____ Fax Number: _____

Vendors:

Name: _____ Address: _____

City / State / Zip: _____ Phone Number: _____ Fax Number: _____

Name: _____ Address: _____

City / State / Zip: _____ Phone Number: _____ Fax Number: _____

This application is for the purpose of obtaining open credit up to \$1000.00

Taxable—Yes No If no please attached copy of tax-exempt form.

P.O.# Required Yes No

Authorized persons to charge to account:

By signing the below, you represent that your business is a valid business entity and that you are an authorized representative of the business with authority to enter into contractual agreements. I hereby agree to pay within 20 days of invoice date, total invoice amount. I understand that invoices not paid within 30 days of invoice date will be accessed a 1.5 % finance charge. The maximum amount of carrying charges shall not exceed those permitted by the Revised Code of Ohio. I hereby authorize STS Offerings, Ltd. (DBA Osupplies.com) or any credit bureau or other investigative agency employed by such organization, to investigate the references, statements and/or other data obtained from this application. I agree to all terms and conditions of the agreement set forth above.

Authorized Signature: _____ Date: _____

Title: _____

[Mail or email signed copy to tjanshego@osupplies.com](mailto:tjanshego@osupplies.com)