

CREDIT APPLICATION

Ackerman Industrial Equipment

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 Curtice OH 43412
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 Controller: Rita Vincent
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Name of Firm or Individual _____ dba _____
 Mailing Address _____ City _____ State _____ Zip _____
 Shipping Address _____ City _____ State _____ Zip _____
 Phone Number (_____) _____ Fax Number (_____) _____ Amount of Credit Requested \$ _____
 Person responsible for payment of invoices _____ Contact's email address _____
 Type of Business: Proprietorship _____ Partnership _____ Corporation _____ LLC _____

PROPRIETOR, PARTNERS, OR CORPORATE OFFICERS:

| | | | |
|------|--------------|--------|-------|
| Name | Home Address | Phone# | Title |
| | | | |
| Name | Home Address | Phone# | Title |
| | | | |
| Name | Home Address | Phone# | Title |
| | | | |

When was this business begun? _____ If incorporated, Date _____ State _____
 Are you Taxable? _____ If you are exempt, please return your tax exemption certificate with this form. Do you require the use of Purchase Orders? _____
 How long at current address? _____ Do you own or rent these premises? _____
 Name and Address of Mortgagee/Landlord _____

BANK REFERENCES:

| | | | |
|-----------------|--------------------------|----------------|-------|
| Name | Street, City, State, Zip | Phone# | Fax# |
| | | | |
| Checking Acct.# | Savings Acct.# | Contact Person | Title |
| | | | |

CREDIT REFERENCES (other than your bank)

Please do not leave any space blank.

| | | | |
|------|--------------------------|--------|------|
| Name | Street, City, State, Zip | Phone# | Fax# |
| | | | |
| Name | Street, City, State, Zip | Phone# | Fax# |
| | | | |
| Name | Street, City, State, Zip | Phone# | Fax# |
| | | | |

TERMS: Invoices are due 30 days from date of invoice on parts and labor, with equipment purchases subject to net 10 days. Proper terms are listed on each invoice. A 1.5% per month (18% per annum) finance charge may be added to any past due account. Any account placed for collection will be assessed reasonable collection and attorney fees. A 3% cash discount has been included in invoice prices for all payments to be made using any tender other than credit or debit cards; therefore any payment via credit or debit card may be subject to an additional 3% service charge added to said payment at the time of processing. A handling fee of \$15 shall be assessed for every item returned by your bank. Please be aware that we cannot accept delayed or partial credit card payments.

APPLICANT CERTIFICATION: We agree to make all purchases according to the above terms in consideration of the extension of credit and do hereby authorize the above referenced bank and credit references to release any and all information necessary to the establishment of this open account. The following signer is a corporate officer or other individual authorized and empowered to sign on behalf of this applicant and certifies that all information contained herein is true and correct under penalty of law.

Signed: _____ Title: _____ Date: _____

Please print name: _____