

George F. Ackerman Company, Inc.
Customer Credit Application Form

Please fill out this application completely and return it to our accounts manager

Please Submit Application to:

Email: accounting@ackermantoledo.com

Fax: (419) 836-2040

Phone: (419) 836-7735

General Business Information (Complete all fields.)			Parent/Affiliated Companies (if applicable)		
Legal Business Name			Parent/Affiliated Companies (if applicable)		
Business Name:			Business Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone #:			Phone #:		
Fax #:			Fax #:		
Web Address:			Web Address:		
Federal Tax ID #: _____			Dun & Bradstreet ID #: _____		
DBA, if any: _____			VAT#, if any: _____		
(Note: If applicable, copy of tax exemption certificate required.)					
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Govt. Agency <input type="checkbox"/> Other _____					
<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Public Univ/Coll <input type="checkbox"/> Private Univ/Coll					
Years in Business: _____ Year of Inc.: _____ State of Inc: _____					
Credit Requested \$: _____ Terms (Net 30 standard): _____					
Are Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of person responsible for purchasing: _____			Telephone: _____ Email: _____		
Name of person responsible for accounts payable: _____			Telephone: _____ Email: _____		
May we send invoices and statements to the email listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Name of Owners, Partners, or Officers and Titles if Incorporated
 (Complete all fields and provide at least one owner, partner, or officer.)

Name: _____	Name: _____
Title: _____	Title: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____

Customer Trade Reference Information
 (Please provide information of at least three companies you represent/distribute for.)

Name: _____	Name: _____
Contact Person: _____	Contact Person: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone #: _____	Phone #: _____
Fax #: _____	Fax #: _____
Email: _____	Email: _____
Account #: _____	Account #: _____
Name: _____	Name: _____
Contact Person: _____	Contact Person: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone #: _____	Phone #: _____
Fax #: _____	Fax #: _____
Email: _____	Email: _____
Account #: _____	Account #: _____

Customer Bank Reference Information (Complete all fields and provide at least one reference.)

Bank Name:

Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Fax #: _____
Email: _____
Checking Acct #: _____
Savings Acct #: _____
Loan Officer: _____
Loan #: _____

Bank Name:

Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Fax #: _____
Email: _____
Checking Acct #: _____
Savings Acct #: _____
Loan Officer: _____
Loan #: _____

This application is submitted for the purpose of obtaining credit with George F. Ackerman Company, Inc. and is warranted to be true. By signing this application, the undersigned acknowledges that he/she is authorized to execute this application and to obligate the company to make payment in full for all amounts due according to invoice on or before the net due date. Additionally, the undersigned will be responsible for all collection costs and attorney fees, with or without lawsuit, in order to collect any delinquent moneys. The undersigned hereby authorizes George F. Ackerman Company, Inc., to make such inquiries (corporate/personal) as are necessary to obtain credit information and authorizes the bank(s) of record to release information regarding accounts.

Signature of Authorized Owner, Partner or Corporate Officer Required.

Upon credit approval, the undersigned agrees to terms of NET 30 DAYS.

Signature of Owner, Partner or Corporate Officer

Date

Printed Name of Signer

Title

George F. Ackerman Company, Inc.
Customer Blanket Sales Tax Exemption Certificate

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(MULTI-JURISDICTION)

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Issued to: George F. Ackerman Company, Inc.
 PO Box 157/300 Mill Street
 Curtice, OH 43412

* Name of Firm (Buyer): _____

* Street Address or P.O. Box Number: _____

* City: _____ * State: _____ * Zip: _____

* Buyer is Engaged as a Registered: Wholesaler Retailer Lessor Manufacturer
 Other: _____

and is registered with the below listed state(s) where your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients, or components of a new product to be resold, leased or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

<u>State</u>	<u>Registration #</u>	<u>State</u>	<u>Registration #</u>	<u>State</u>	<u>Registration #</u>
AL	_____	MA	_____	PA	_____
AR	_____	MD	_____	RI	_____
AZ	_____	ME	_____	SC	_____
CA	_____	MI	_____	SD	_____
CO	_____	MN	_____	TN	_____
CT	_____	MO	_____	TX	_____
DC	_____	MS	_____	UT	_____
FL	_____	NC	_____	VA	_____
GA	_____	ND	_____	VT	_____
IA	_____	NE	_____	WA	_____
ID	_____	NJ	_____	WI	_____
IL	_____	NM	_____	WV	_____
IN	_____	NV	_____	WY	_____
KS	_____	NY	_____		
KY	_____	OH	_____		
LA	_____	OK	_____		

(*) We will need a copy of each State Certificate attached with this application.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provides or informs the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the state.

General Description of Products to be Purchased from Seller:

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

*Authorized Signature: _____

*Title: _____ *Date: _____

George F. Ackerman Company, Inc.
Customer Authorization to Release Credit Information

Please fill out this application completely and return it to our accounts manager

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In consideration of an open account arrangement with George F. Ackerman Company, Inc., I hereby authorize you to release information to George F. Ackerman Company, Inc. regarding credit history, checking and savings accounts, and/or loan experience. Thank you for your cooperation.

Legal Name of Company _____

DBA, if any _____

Authorized Signature _____

Title _____

Date _____