



APPLICATION FOR CREDIT

Thank you for your interest in opening an account with A. J. Oster. So that we are able to comply with your request, we ask that you complete the following information and return this application to us for processing. Please print or type all information.

Company Information

Company Name:
Bill to Address: Ship to Address:
City/State/Zip: City/State/Zip:
Phone Number: Credit Line Requested:

**Note: Latest financial statement should accompany application for a credit line of \$ 25,000.00 or more.

Name of Accounts Payable Contact: Phone:
Name(s) of Persons Authorized to Buy: Phone:
Number of Employees: Years in Business: Business Type:
Type of Organization: Sole Proprietorship Partnership Corporation
Federal ID No.: Resale No: **please attach copy of certificate

Principles of Firm

Name Title Address/City/State Phone
1.)
2.)

Trade References (3 required)

Supplier Name Address/City/State Phone
1.)
2.)
3.)
4.)

Banking Information

Name of Bank: Branch:
Phone: Contact Name:
Account No.: Checking Savings Loans Other

Customer warrants that the representations contained herein are true, correct, and made for the purpose of inducing the extension of credit to the undersigned. Customer agrees to abide by A. J. Osters terms and conditions of sale and also agrees to pay a surcharge on all past due balances at the rate of one percent (1%) per month. Payment terms are considered Net 30 days, unless agreed upon otherwise in writing. Customer further agrees to pay all reasonable legal fees in the event litigation is required to secure payment of proper charges to customer's account.

Signature confirms agreement with application terms and authorizes the investigation of credit to the extent necessary to establish an open account with A. J. Oster.

**APPLICATION MUST BE SIGNED BY AN OWNER, PARTNER, OR OFFICER.

Signed: Title:

Name (please print): Date: