

## **Ohio Stone**

## **Credit Application**

COMPANY NAME		TODAY'S DATE
BILLING ADDRESS		BUSINESS BEGAN
SHIP TO ADDRESS		STATE INCORPORATED
PHONE# E-MAIL		FAX #
PROPRIETORSHIP [ ] PARTNERSHIP> GENERAL [ ] LIMITED [ ] CORI	PORATION [ ] FEDERAL	I.D. #
OWNER/	NAL INFORMATION OWNER/	
SOCIAL   TITLE   SECURITY #		SOCIAL SECURITY #
HOME ADDRESS	HOME ADDRESS	
CITY STATE ZIP		STATE ZIP
BANKING INFORMATION		
NAME OF BANK		TELEPHONE
NAME OF BANKER LOCATION		ACCOUNT #
TRA	ADE REFERENCES	
COMPANY	COMPANY	
ADDRESS	ADDRESS	
CITY STATE ZIP	CITY	_ STATE ZIP
FAX NUMBER (REQUIRED)	FAX NUMBER (REC	QUIRED)
COMPANY		
ADDRESS	ADDRESS	
CITY STATE ZIP	CITY	STATEZIP
FAX NUMBER (REQUIRED)	FAX NUMBER (REC	QUIRED)
TERMS: Credit terms are net 30 days. Invoices not paid within 30 days of invoic lawsof the state]. I/we understand and agree that the information provided is for monies due to Ohio Stone shall be paid in accordance with Credit Terms stated and/or attorney fees incurred. I/we authorize investigation of all credit reference credit history. I/we further authorize investigation of my/our credit via credit bu Authorized By:	the purpose of obtaining can above and agree to pay all re- and credit history. I/we au	redit. I/we further understand and agree that all accounts or easonable costs of collection, in addition to any court cost
BY TITLE		DATE
BYTITLE		DATE
Guarantee: I/we, the undersigned, do hereby guarantee payment, as individuals, of any indebttedness incurred by virtue of any and all credit extended in accordance with the above agreement and all terms & conditions.		
Guarantor	, Individually	Date
Guarantor	, Individually	Date