Flat Lands Credit Application

1220 E Jackson St
Van Wert, OH 45891
Tel: 419.238.1233   Fax: 419.238.1317

flatlandssupply.com

Van Wert County's ONLY
Locally Owned Electrical &
Plumbing Distributor!

Electrical, Plumbing, Voice, Data

RESIDENTIAL -- INDUSTRIAL
COMMERCIAL -- AGRICULTURAL
Rev 05/2017

PLEASE PRINT CLEARLY

ALL FINANCIAL INFORMATION _MUST_ BE PROVIDED AND WILL BE HELD IN THE STRICTEST CONFIDENCE.
For faster processing, this application must be filled out completely.

BUSINESS INFORMATION:		
Name of Applicant:		
Street Address:		
City:	**State:**	**ZIP:**
Phone:	**Fax:**	**E-mail:**

Type of Business: (Circle One)   Individual   Partnership   Corporation | Date of Incorporation:

Name(s) of Principals:	Complete Address: (Street, City, State, ZIP)	Phone:
1)		
2)		

FINANCIAL INFORMATION:			
Bank Name & Address:			
Bank Phone # & Bank Officer:			

Trade References: (Fill out correctly & completely)	Complete Address: (Street, City, State, ZIP)	Phone:	Fax:
1)			
2)			
3)			

Estimated monthly purchases from Flat Lands Supply $	Exemption Status: (Circle One) Taxable Exempt	Exemption #:

TERMS OF PAYMENT:	➢ Invoices are sent out bi-weekly and statements at the end of each month. ➢ All accounts must be kept current or they will be closed. ➢ All accounts are subject to a monthly 1-1/2% service charge or 18% annually.

SIGN & DATE:	• I certify that I am a principal of said business and either the fiscal officer representing the business or financially responsible for the repayment of outstanding debts. • I certify that the above statement & representations constitute a true & accurate account of my financial condition as of the date below. • I hereby authorize said bank & credit references to release any and all information necessary to the establishment of this open account. • By signing below, I agree to the terms of payment stated above.
	Print Name Clearly: **Title:**
	Signature: **Date:**