



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:	<ul style="list-style-type: none"> ➤ 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.
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SIGN & DATE:	<ul style="list-style-type: none"> ● 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: