

EDWARD W. DANIEL LLC

CREDIT APPLICATION

46950 State Route 18 West Suite B, Wellington, OH 44090

Toll Free: (800) 338-2658 Fax: (440) 647-1970

RETURN CREDIT APPLICATION TO THE ACCOUNTING DEPT:

FAX: 440-647-1970 or EMAIL: ascott@ewdaniel.com

Business Name _____

Mailing Address _____ How Long? _____
(Street) (City) (State) (Zip)

Shipping Address _____
(Street) (City) (State) (Zip)

Phone (_____) _____ - _____ Fax (_____) _____ - _____

DBA _____ Federal Tax ID Number _____

Former Business Address (If Any) _____
(Street) (City) (State) (Zip)

Type of Business _____ Date Established _____

License Required by State, County or City? ____ Yes ____ No

If Yes, License # _____

Sales Tax: ____ Taxable

SIC Code(s) _____

____ Tax Exempt

OWNERSHIP: ____ Sole Owner ____ Partnership ____ Corporation

PRINCIPAL: _____
(Name) (Title) (SS#) (Home Address)

PRINCIPAL: _____
(Name) (Title) (SS#) (Home Address)

PRINCIPAL: _____
(Name) (Title) (SS#) (Home Address)

PRINCIPAL: _____
(Name) (Title) (SS#) (Home Address)

BANK REFERENCE: ____ Checking ____ Loan ____ Savings

(Contact) (Address/ Phone #) (Account #)

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(Contact) (Address/ Phone #) (Account #)

EDWARD W. DANIEL LLC

TRADE REFERENCES: (suppliers of major products & services)

(1)	_____	_____	_____
	(Company)	(Address)	(Phone #)
	_____	_____	_____
	(Contact)	(Email)	(Fax #)
(2)	_____	_____	_____
	(Company)	(Address)	(Phone #)
	_____	_____	_____
	(Contact)	(Email)	(Fax #)
(3)	_____	_____	_____
	(Company)	(Address)	(Phone #)
	_____	_____	_____
	(Contact)	(Email)	(Fax #)
(4)	_____	_____	_____
	(Company)	(Address)	(Phone #)
	_____	_____	_____
	(Contact)	(Email)	(Fax #)

of Employees _____ Estimated Annual Sales _____

Sales Area _____

Has the firm or any Principals ever declared Bankruptcy? _____ Yes _____ No

If yes, explain: _____

OTHER BUSINESS DEBTS:

Name	Address/ Phone #	Balance Due
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who should we contact regarding your account with us (A/P)? _____

Title: _____ Email: _____

The undersigned acknowledges reading and accepting Edward W. Daniel LLC standard terms and conditions of sale including standard payment terms of 1% 10 Net 30 days from date of invoice. The applicant further agrees to assume all costs incurred to collect any past due, unpaid balance, including interest accrued as allowed by state law as well as any reasonable attorney's fees incurred. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct and by signing this application, you are authorizing Edward W. Daniel LLC to investigate the credit referances listed above.

X _____ (Signature & Title) _____ (Date)

