

CONFIDENTIAL  
APPLICATION FOR CREDIT



1600 Universal Road  
Columbus, Ohio 43207  
614-445-4455 1-800-325-7878  
Fax 614-445-4464

For Office Use Only
Approved By _____
Credit Limit _____
Date _____

Salesman Name \_\_\_\_\_

Credit Limit Requested: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Send by email (check all that apply):  Statements  Invoices

Email Address: \_\_\_\_\_

Circle One :      Sole Owner                  Partnership                  Corporation                  Other

Date Started Business: \_\_\_\_\_

**Officers/Owners:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Sales Tax Status:  Taxable  Non. Taxable

(If Non-Taxable fill out certificate on next page and state a VALID reason)

**Please provide three trade references—please do not use credit cards, personal bank accounts, or friends and family members. Must be someone that you do business with on a credit basis. If you cannot complete this section please fill out the form for Professional Pricing (which is only for Prepaid, Credit Card, Check, or Money Order.)**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Terms & Conditions**

1. By signing this application applicant agrees that payment in full is due within 30 days of the date of the Ohio Mulch Supply, Inc. invoice (unless otherwise specified ) and understands that interest will accrue at the rate of 2% per month on all amounts past due. The applicant is responsible for all collection services fees, attorney fees, and court costs incurred by Ohio Mulch Supply, Inc. to collect amounts past due.
2. A copy of this agreement is also as binding as the original.
3. Sales tax will be charged on all orders unless we have a properly completed exemption certificate.
4. I/We authorize Ohio Mulch Supply, Inc. to make whatever credit inquires it deems necessary in connection with a credit application. I/We authorize and instruct any person, trade reference, bank, and/or finance company to compile and furnish to Ohio Mulch Supply, Inc. any information that it may have or obtain in response to such credit inquires, and agree that such information, along with the application, shall remain the property of Ohio Mulch Supply, Inc. or its assignee whether or not the credit application is approved.

By signing this application applicant agrees to Ohio Mulch Supply, Inc. terms and conditions as stated above.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Personal Guarantee**

**In the event the above company defaults in the performance of any obligation incurred to Ohio Mulch Supply, Inc., I personally will be responsible for and will immediately discharge said obligation.**

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Driver Lic. #:** \_\_\_\_\_

**Ohio Department of Taxation      Sales and Use Tax Blanket Exemption Certificate**

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

**OHIO MULCH SUPPLY, INC.**

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

**Purchaser must state a VALID reason for claiming exception or exemption.**

\_\_\_\_\_  
Purchaser's name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Sign

\_\_\_\_\_  
Vendor's license number, if any