



# SMITHERS-OASIS

919 Marvin Street  
PO Box 790  
Kent, OH 44240

T: 800-321-8286  
F: 800-447-0813

## CREDIT APPLICATION

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Postal Code \_\_\_\_\_

Shipping Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Postal Code \_\_\_\_\_

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

Primary Contact \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

Buyer/Purchasing Contact \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

Purchase Order Required?      Yes                      No

Preferred Invoice Method      Email                      Fax                      Mail

### **BANK REFERENCE:**

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

Checking                      Loan

### **CREDIT REFERENCES:**

Please provide four supply references from whom you have purchased.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

The undersigned understands that our invoice terms require payment within 30 days from date of invoice, agrees to our terms and understands a finance charge of 1 ½% (18% per annum) will be assessed on any unpaid balance until paid in full.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_



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**BLANKET CERTIFICATE OF EXEMPTION**

PURCHASER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

Vendor's License Number \_\_\_\_\_

**This is to certify that all material, merchandise or goods purchased by the undersigned from SMITHERS-OASIS after \_\_\_\_\_ (enter date) is purchased for the following reason:**

Resale as tangible personal property

To be incorporated as a material or part of other tangible personal property to be produced for sale by manufacturing, assembling, processing or refining

Other (please describe if applicable) \_\_\_\_\_

**THIS CERTIFICATE SHALL BE CONSIDERED A PART OF EACH ORDER.**

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_