

## APPLICATION FOR NET 30 DAY TERMS

Please fill out and email back to your account representative, or fax to our Accounting Department at 419-586-6589. Please allow 24-48 Hours for approval. If you would like to be notified, please give your email address and you will receive an email within 24-48 hours.

CUSTOMER INFORMATION	l:			
Company Name:				
Accounts Payable Contact:				
Accounts Payable Email:				
Billing Address:				
City:	State:		Zip:	
Shipping Address:				
City:	State:		Zip:	
Phone Number:	Fax Number:			
Email Address:				
FE ID Number:	Business Type:	Corporation O Sole Proprietor O	Partnership () Other (Explain) ()	
TERMS AND AGREEMENT				
are NET 30-Day terms and a 1.3	erms and conditions of the Totally 5% interest charge on all accour collection and attorney fees in th ot a personal guarantee)	its that exceed those	NET 30- Day terms.	
Company Name				
Signature	Print Nar	ne		
Title				
Date				