



Credit Application

15 May Ave. Barberton, OH 44203
Phone: 330-848-2891 Fax: 330-848-3270

Date: _____

Please Type Fill or Clearly Print

1. COMPANY INFORMATION

Terms: 1% 10 Days, Net 30

Company Name:		Phone:	
Ship Address:	City:	State:	Zip:
Bill Address:	City:	State:	Zip:
Principle Name:		Title:	
Principle Name:		Title:	
Accounts Payable Contact:		Invoicing Email:	
Sales Tax: <input type="checkbox"/> Taxable <input type="checkbox"/> NON-Taxable <input type="checkbox"/> Order Specific		Federal Tax ID #:	

2. TRADE REFERENCES or Attach Form

Name:		Phone:	
Address:	City:	State:	Zip:
Name:		Phone:	
Address:	City:	State:	Zip:
Name:		Phone:	
Address:	City:	State:	Zip:

3. BANK CREDIT REFERENCE or Attach Form

Account Open Date:	Average Balance:	Account Type:
Institution Name:		
Address:		
City:	State:	Zip:
Contact Name:	Phone:	

All above information is accurate to the best my knowledge. I have authority to provide this information to DW Fastener for credit evaluation. I authorize release of this information to DW Fastener for the purpose of credit evaluation.

Signature

Date

Title