



# Due on Receipt

## Commercial Account Application

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

Date: \_\_\_\_\_

Please type fill or clearly print all sections

### 1. COMPANY INFORMATION

**Terms: Due on Receipt**

Company Name:		Phone:	
Billing Address:	City:	State:	Zip:
Shipping Address:	City:	State:	Zip:
Contact Name:		Title:	
Email Address:			
Sales Tax: _____ Taxable _____ NON-Taxable _____ Order Specific		Federal Tax ID #:	

Ensure you include any sales tax exemption certificates that are applicable to your business.

All above information is accurate to the best my knowledge. I have authority to provide this information to DW Fastener for a Due on Receipt Commercial Account evaluation. I authorize release of this information to DW Fastener for the purpose of Due on Receipt Commercial Account evaluation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title