



4411 Crystal Parkway

Kent, Ohio 44240

(330) 673-8800

Fax (330) 673-8070

**CREDIT APPLICATION**

Date \_\_\_\_\_

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

Name of Owner, Partner or Principal of Corp. \_\_\_\_\_

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

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

Telephone No.( ) \_\_\_\_\_ Type of Business \_\_\_\_\_

Fax No. \_\_\_\_\_ Taxable \_\_\_\_\_ Exempt \_\_\_\_\_

Name of other Principals or Partners in Company:

Bank Reference: Name \_\_\_\_\_ Address \_\_\_\_\_

Contact \_\_\_\_\_ Branch \_\_\_\_\_ Telephone \_\_\_\_\_

Account Numbers: Checking. \_\_\_\_\_ Savings \_\_\_\_\_

Trade References: (Local if possible.)

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

Telephone \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Amount of Credit Requested \_\_\_\_\_ Estimated Quarterly Purchases \_\_\_\_\_

I,(we) hereby apply for a credit account with Farley Company and if granted agree to pay all invoices in accordance with stated terms. I,(we) further agree that Farley Company may contact the above listed references and such references are hereby authorized to convey to Farley Company information requested.

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