

Application for New Account/Credit

Date:			
Legal Name of Business:			
Legal Status (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual			
Type of Business:			Years in Business:

FOR MULTIPLE BILLING/SHIPPING ADDRESSES, PLEASE USE A SEPARATE SHEET TO INDICATE.

BILLING Address:				
City:	State:	Zip:	Phone:	Fax:
SHIPPING Address:				
City:	State:	Zip:	Phone:	Fax:
Where Purchasing is done (check one) <input type="checkbox"/> Billing Address <input type="checkbox"/> Shipping Address				

Owner(s):		
Contact, Orders:	Phone:	Fax:
Contact, Accounting:	Phone:	Fax:

Is Business Tax Exempt? (check one) <input type="checkbox"/> YES (if exempt attach tax exempt certificate) <input type="checkbox"/> NO		
Resale Tax Number (if above is yes)		

Has the firm or Business ever filed for bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes explain:		
Has the applicant previously had an account with American Products? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes what Business Name?		
Have any Business Owners previously has an account with American Products? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes which owner?	Under what Business Name?	

BUSINESS BANK INFORMATION

Bank Account #:		
Bank Name:		
Street Address:		
City:	State:	Zip:
Phone:	Fax:	
Name of loan or Account officer:		

**American Products 7551 Dutch Road Waterville, Ohio 43566
PH: 419-878-9582 FAX 419-878-9580**

Application for New Account/Credit -Continued-

I, _____, give permission to release information to **Duvall Woodworking Inc./American Products** for the purpose of establishing a line of credit.

Any Information released Duvall Woodworking Inc./American Products will be strictly confidential

Authorized Signature: _____

List only Active Vendors, Minimum 3 required, No Credit card or COD accounts

Vendor Name:		Account Number:	
Street Address:			
City:		State:	Zip
Phone:		Fax:	
Vendor Name:		Account Number:	
Street Address:			
City:		State:	Zip
Phone:		Fax:	
Vendor Name:		Account Number:	
Street Address:			
City:		State:	Zip
Phone:		Fax:	



**STATE OF OHIO
DEPARTMENT OF TAXATION
SALES AND USE TAX
BLANKET EXEMPTION CERTIFICATE**

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

(vendor's name)

and certifies that this claim is based upon the purchaser's proposed use of the items or services, the activity of the purchaser, or both, as shown hereon:

PURCHASER MUST STATE A VALID REASON FOR CLAIMING EXCEPTION OR EXEMPTION.

Purchaser's Name

Street Address

City

State

Zip

Signature and Title

Date Signed

Vendor's License Number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchasers must comply with rule 5703-9-10 of the Administrative Code.

This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.