



CREDIT APPLICATION

Please return completed application to:

1700 James Parkway, Heath, Ohio 43056
Fon (740) 928-0266 Fax (740) 928-0271

Please PRINT or TYPE the requested information in the spaces provided.

Application date: _____

COMPANY BACKGROUND

Company Name / Trade Name:

Street Address / P.O. Box: _____

Suite or P.O. Box: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

If Branch Office, list Home Office Name and Address:

Type of Business (Check One) Proprietorship Corporation

State Incorporated (Provide State): _____

Nature of Business: _____ Date business began / assumed control: _____

D&B No.: _____ Tax Exempt: Yes No (If YES please provide a Tax Exemption form).

OFFICERS AND PRINCIPALS

Name: _____ Title: _____

Name: _____ Title: _____

BANK INFORMATION

Bank Name: _____ Phone: (____) _____

Street Address: _____ Fax No. (____) _____

Suite or P.O. Box: _____ City: _____ State: _____ Zip: _____



CREDIT INFORMATION

Name: _____ Phone: (____) _____

Street Address: _____ Fax No. (____) _____

Name: _____ Phone: (____) _____

Street Address: _____ Fax No. (____) _____

Name: _____ Phone: (____) _____

Street Address: _____ Fax No. (____) _____

INVOICING INFORMATION

Mail Invoices to: _____ Attention: _____

Street Address: _____ Suite or P.O. Box: _____

City _____ State: _____ Zip: _____ Phone: (____) _____

Department: _____ Fax No. (____) _____

The information provided is for the purpose of obtaining an account and/or establish credit with American Veneer Edgebanding Company, Inc. I certify that all of the information provided is correct. I understand your terms require payment within 30 days, unless other arrangements have been agreed upon, and agree to comply with those terms. By my signature, I am authorizing the release of credit information from the references listed above.

Signature of Authorized Officer / Principal, Title and Date

Please Print Signed Name