



2550 CIVIC CENTER DR
 PO BOX 31167
 CINCINNATI OH 45231-0167 USA

PHONE 1.800.487.0408 513.674.7700
 FAX 1.800.487.5848
 E-MAIL casker@casker.com

CREDIT AGREEMENT

EXACT LEGAL NAME OF BUSINESS OR INDIVIDUAL _____

STREET ADDRESS _____

MAILING OR BILLING ADDRESS (if different from above) _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NO. _____ CELL PHONE NO. _____

E-MAIL ADDRESS _____ FAX NO. _____

VENDOR'S LICENSE NUMBER (OR REASON FOR OHIO SALES TAX EXEMPTION) _____

TYPE OF COMPANY INDIVIDUAL PARTNERSHIP-TYPE: _____ CORPORATION-TYPE: _____

PRINCIPALS (OWNERS - PARTNERS - OFFICERS)

| | NAME | TITLE | S/S# (individual - partner) |
|----|-------|-------|-----------------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

HOME ADDRESS AND TELEPHONE NUMBER FOR INDIVIDUAL OR PARTNERS

YEAR BUSINESS ESTABLISHED _____ **AT PRESENT LOCATION SINCE** _____

TYPE OF BUSINESS REPAIR/TRADE SHOP RETAIL STORE MANUFACTURER OTHER

LOCATION OF BUSINESS RESIDENTIAL COMMERCIAL
 OWN RENT

HAVE YOU EVER FILED BANKRUPTCY NO YES, GIVE DETAILS _____

IS THERE ANY PENDING LITIGATION NO YES, GIVE DETAILS _____

NAME OF BANK _____ **CONTACT** _____

ADDRESS _____

TYPE OF ACCOUNT AND ACCOUNT NO. CHECKING OTHER _____

CREDIT REFERENCES

| | | | |
|------------------|-------------------|---|--|
| 1. NAME _____ | | | |
| ADDRESS _____ | FAX NO. () | - | |
| ACCOUNT NO _____ | TELEPHONE NO. () | - | |
| 2. NAME _____ | | | |
| ADDRESS _____ | FAX NO. () | - | |
| ACCOUNT NO _____ | TELEPHONE NO. () | - | |
| 3. NAME _____ | | | |
| ADDRESS _____ | FAX NO. () | - | |
| ACCOUNT NO _____ | TELEPHONE NO. () | - | |
| 4. NAME _____ | | | |
| ADDRESS _____ | FAX NO. () | - | |
| ACCOUNT NO _____ | TELEPHONE NO. () | - | |
| 5. NAME _____ | | | |
| ADDRESS _____ | FAX NO. () | - | |
| ACCOUNT NO _____ | TELEPHONE NO. () | - | |

The undersigned confirms all the information contained in this credit agreement is true and correct, and is considered to be true and correct until written notice of otherwise has been confirmed.

TERMS OF SALE: NET 10TH E.O.M.

By signing this agreement I acknowledge that I have read and understand the terms of sale, and agree to abide by them. It is understood and agreed that payments received beyond the terms stated on our invoices will be subject to late charges. As a further inducement to extend credit the undersigned agrees to pay all costs of collection, including but not limited to collection agency fees, attorney fees, court costs and suit fees.

Applicable Law. This agreement and the performance hereunder shall be construed in accordance with and governed by the laws of the state of Ohio. The parties agree that, in any action or proceeding arising under or relating to this agreement, they shall be subject to the exclusive jurisdiction of the courts of the state of Ohio or in the federal courts located in the state of Ohio.

UNDERSIGNED _____ TITLE _____
(OWNER OR OFFICER, please print)

SIGNATURE _____ DATE _____

APPROVED BY _____ DATE _____ ACCOUNT NO. _____

(This agreement may be faxed to speed up processing time, however the original must be received to open the account.)



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