

# CREDIT APPLICATION

BPS SALES REP:



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## TAX STATUS

Exempt  Taxable

IF EXEMPT, PLEASE FILL OUT PROPER EXEMPTION CERTIFICATE AND ATTACH

INSTRUCTIONS: APPLICATION MUST BE FILLED IN COMPLETELY, SIGNED, AND DATED. PLEASE TYPE OR PRINT.

## SECTION 1

## CUSTOMER DATA

FULL BUSINESS NAME		# YEARS	DBA/DIVISION OR SUB OF
BILLING ADDRESS		DESCRIPTION/NATURE OF BUSINESS	
CITY	STATE	ZIP	TELEPHONE #
STREET ADDRESS (IF DIFFERENT)		FAX #	
CITY	STATE	ZIP	FEDERAL I.D. #
PRINCIPAL OWNERS:		SOCIAL SECURITY#	D&B #
		SOCIAL SECURITY #	HAVE YOU EVER FILED BANKRUPTCY OR HAD A LIEN OR JUDGEMENT FILED AGAINST YOU ?
P.O. NUMBER REQUIRED ? YES NO	INVOICING PREFERENCES EMAIL PAPER MAIL		YES NO
ACCOUNTS PAYABLE CONTACT EMAIL ADDRESS		LINE OF CREDIT REQUESTED	
INVOICE SUBMISSION EMAIL ADDRESS			

## SECTION 2

## TYPE OF BUSINESS

CORPORATION  PROPRIETORSHIP  PARTNERSHIP  OTHER EXPLAIN \_\_\_\_\_

## SECTION 3A

## CERTIFICATION STATEMENT

TERMS: Established open accounts are due and payable **30 days after the date of purchase**. Past due accounts bear late payment penalties at 1-1/2% per month. In the event this account becomes delinquent and is placed into the hands of a licensed collector or attorney for collection, I (We) agree to pay, in addition to the delinquent amounts and finance charges thereon, collection of attorney's fees, including court costs, equal to 25% of the delinquent balance, or the maximum allowed under state law, whichever is less.

PRINT NAME SIGNATURE TITLE DATE

## SECTION 3B

## PERSONAL GUARANTY

I HEREBY PERSONALLY GUARANTY THE PAYMENT OF THE ACCOUNTS AS STATED ABOVE.

SIGNATURE DATE SOCIAL SECURITY #