

Issued By: \_\_\_\_\_

Date: \_\_\_\_\_

1991 ST. MARYS AVE  
SIDNEY, OH 45365  
PHONE: (937) 492-6166  
FAX: (937) 498-4126

1425 SATER ST  
GREENVILLE, OH 45331  
PHONE: (937) 548-6103  
FAX: (937) 548-7030



910 WARRICK DR  
CELINA, OH 45822  
PHONE: (419) 584-1170  
FAX: (419) 584-0790

15120 INDUSTRIAL PKWY  
MARYSVILLE, OH 43040  
PHONE: (937) 738-7500  
FAX: (937) 738-7800

### APPLICATION FOR CREDIT

Return to: John Colley, Credit Manager, Dickman Supply, Inc., 1991 St. Mary's Ave., Sidney, OH 45365 or fax completed application to 937-498-4126. Please be advised that our normal credit terms are NET 30 DAYS. Customer agrees that all delinquent amounts due Dickman Supply, Inc. shall be subject to a finance charge of one and one half percent (1½ %) per month, compounded monthly.

NAME OF FIRM OR INDIVIDUAL \_\_\_\_\_

AREA CODE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

FAX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

YEARS AT THIS ADDRESS \_\_\_\_\_

The following information must be provided. It will be held in the strictest confidence.

**Ownership:**

- Corporation
- Check here if incorporated in the past 12 months
- Partnership
- LLC
- Individual

NAME (S) OF PRINCIPAL (S)	COMPLETE ADDRESS	ZIP	PHONE	FAX
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**Financial information: Email Address (Accounts Payable) \*Required\***

BANK \_\_\_\_\_ BANK ADDRESS \_\_\_\_\_

BANK OFFICER OR DEPARTMENT \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**Please List Four Business References** **(EMAIL ADDRESS REQUIRED FOR PROCESSING CREDIT APPLICATION)**

BUSINESS NAME	COMPLETE ADDRESS	ZIP	PHONE	EMAIL
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BUSINESS NAME	COMPLETE ADDRESS	ZIP	PHONE	EMAIL
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BUSINESS NAME	COMPLETE ADDRESS	ZIP	PHONE	EMAIL
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BUSINESS NAME	COMPLETE ADDRESS	ZIP	PHONE	EMAIL
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I certify that all the information on this form is correct. The applicant understands the credit terms as stated above and agrees to abide by such terms in consideration of the credit extended by Dickman Supply, Inc.

Date \_\_\_\_\_ SIGNATURE OF AUTHORIZED REPRESENTATIVE \_\_\_\_\_ TITLE \_\_\_\_\_

In consideration of the extension of credit to the above-referenced business, the undersigned agrees to personally and unconditionally guarantee the obligations of the business identified above and pay any and all amounts owed to Dickman Supply, Inc. on such account, including all collection costs and reasonable attorney fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print or Type name of signee \_\_\_\_\_

**NOTE: Application must be signed in both places.**

Type of Business:

Electrical Contractor – Residential

Electrical Contractor – Commercial

General Contractor / Builder

Municipal / Government

Commercial

Institutional

OEM / Industrial

Other (Describe) \_\_\_\_\_

Purchase Order Required:      Yes                  No

Pricing Shown on Packing List:      Yes                  No

Shipping Address Different  
than Billing Address:      Yes                  No

If yes, please provide address: \_\_\_\_\_  
ADDRESS

\_\_\_\_\_

CITY

STATE

ZIP

Accounts Payable Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_