



Issued By: _____

Date: _____

APPLICATION FOR CREDIT

Return to: John Colley, Credit Manager, Dickman Supply, Inc., 1991 St. Mary's Ave., Sidney, OH 45365 or email to dgoubeaux@dickmansupply.com. 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	EMAIL	
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	EMAIL
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Financial information: Email Address (Accounts Payable) *Required*

BANK	BANK ADDRESS
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BANK OFFICER OR DEPARTMENT	PHONE	EMAIL
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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
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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.

