



Please return completed application to: sales@ushoseco.com



2611 Thunderhawk Court Dayton, OH 45414

phone: (800) 344-0150 - fax: (937) 454-2086

## **CREDIT APPLICATION**

APPLICANT INFORMATION							
Company Name:							
Date:	Years in Business:		Tax ID#:				
Address:							
City:	State:		ZIP Code:				
Telephone#:	Fax#:		Website:				
Please mark wh	ich one of th	e following ap	lies with an	X			
{ }Corporation { }P	Partnership	{ } Individua	{ }Incorporated with past 12 months				
INVOICE TO INFORMATION							
Bill to Address:							
City:	State:		ZIP Code:				
Accounts Payable Contact:							
A/P Email:	Fax#:		Telephone#:				
Please mark your preferred method of payment with an X							
{ } ACH	{ } Check { } Credit Card (4% processing fee)						
SHIPPING INFORMATION							
Address 1:							
City:	State:		Zip Code:				
Address 2:							
City:	State:		Zip Code:				
Address 3:							
City:	State:		ZIP Code:				
Shipping Method Less than 150Ibs:			Collect#:				
Shipping Method Over than 150Ibs:			Collect#:				





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BUSINESS REFERENCES:					
Reference 1:		Contact:			
Email:	Phone#:		Fax#:		
Reference 2:		Contact:			
Email:	Phone#:		Fax#:		
Reference 3:		Contact:			
Email:	Phone#:		Fax#:		
Reference 4:	Contact:				
Email:	Phone#:		Fax#:		
SIGNATURE					
I certify that all information on this form is correct. I fully understand our credit terms and agree to the proper payment in consideration of extended credit. Terms: $1\%~10~\text{NET}~30~\text{unless}$ agreed upon by both parties.					
SIGN HERE:			DATE:		
TAX EXEMPTION					

Please fill out the sales tax exemption form (if applicable) on the next page, otherwise the appropriate sales tax will be charged to all invoices.



ministrative Code.

Reset Form

## Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:					
	(Vendor's name)				
and certifies that the claim is based upon or both, as shown hereon:	the purchaser's proposed use of the it	ems or services, the activity of the purchase			
Purchaser must s	tate a valid reason for claiming exc	eption or exemption.			
	Purchaser's name				
	Street address				
	City, state, ZIP code				
	Signature	Title			
	Date signed				
	Vendor's license number, if an	у			
under the "resale" exception. Otherwise trative Code. This certificate cannot be	e, purchaser must comply with either ruused by construction contractors to pu	use this certificate to purchase these items ule 5703-9-10 or 5703-9-25 of the Adminis- urchase material for incorporation into real must comply with rule 5703-9-14 of the Ad-			