



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 | | | | | | | |
|--|--------------|------|--------------------|---------------|-------------|-------------------------------------|--|
| Compan | y Name: | | | | | | |
| Date: | | | Years in Business: | | Tax ID#: | | |
| Address: | | | | | | | |
| City: | | | State: | | ZIP Code: | | |
| Telephone#: | | | Fax#: | | Website: | | |
| Please mark which one of the following applies with an X | | | | | | | |
| { | }Corporation | { }P | artnership | { } Individua | I | { }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 | { (4% | } Credit Card 6 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: | | | | | | #: | |





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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: NET 30 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 the purchaser's proposed use of the items or services, the activity of the purchase or both, as shown hereon: | | | | | | |
| | | | | | | |
| | | | | | | |
| Purchasor must s | tate a valid reason for claiming exc | ention or exemption | | | | |
| ruicilasei illusts | 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 nust comply with rule 5703-9-14 of the Ad- | | | | |