

CUYAHOGA SUPPLY & TOOL, INC.  
5340 PERKINS RD.  
BEDFORD HEIGHTS, OH 44146  
PH: 440-439-9393 FAX: 440-439-8723

WADSWORTH SUPPLY & FEED, LLC  
OHIO SUPPLY & TOOL  
125 STATE STREET  
WADSWORTH, OH 44281  
PH: 330-335-1506 FAX: 330-334-5058

**CREDIT APPLICATION**

**PLEASE PRINT**

Name of Applicant \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Person Signing This Application \_\_\_\_\_ Title \_\_\_\_\_

Social Security Number \_\_\_\_\_

	Officers	Title	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Bank Reference \_\_\_\_\_ Account # \_\_\_\_\_

**Please complete all five major supplies/credit references**

	Name	Phone	Fax
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

I/We understand that payment in full is due (30) days after statement date. Accounts not paid within (30) days will bear interest at the rate of two percent (2%) per month. I/We agree to be responsible for the payments of reasonable attorney fees and cost incurred in the collection of delinquent accounts. I/We agree to be responsible for any damages or towing fees incurred by Cuyahoga Supply & Tool, Inc. or Wadsworth Supply & Feed, LLC DBA Ohio Supply & Tool. If I/we request delivery on the job site, I/we jointly and severally accept the terms of the sale and will personally be responsible for all invoices.

I/We have furnished the information given herein to obtain credit and warrant that same is true.

**GUARANTORS**

I/We hereby personally guarantee payment of all unpaid invoices plus cost of collection, if any

Company Name \_\_\_\_\_ BY \_\_\_\_\_

Witness \_\_\_\_\_ Print \_\_\_\_\_

**WE WILL NOT ACCEPT P.O. BOXES FOR ADDRESSES**