



an otp industrial solutions company

CREDIT APPLICATION

Email completed form to: mandy.dawson@otpnet.com with Tax Exemption Certificate, if applicable

Company Name: _____

Billing Address: _____

Email Address for Invoices: _____

Shipping Address: _____

Phone Number: _____ Fax Number: _____ D&B Number: _____

Full name of owner(s) or an authorized corporate officer AND complete address for partnership or individual:

Address: _____

Please check one: Individual Partnership Corporation

Federal Tax ID Number: _____

Incorporated in State of: _____ In the year of: _____

*Tax Exempt? YES NO *If yes, submit exempt certificate or Direct Pay Permit with this form*

**Do you have special invoicing requirements? I.e. Purchase Order Numbers, Task Numbers, Invoice line items must match PO exactly etc... (If more space required, attach copy of list and/or sample invoice)

Estimated Annual Sales: _____ Type of Business: _____

Years Under Current Ownership: _____ Own or Rent Building: _____

Trade References

Name	CITY & STATE	PHONE NUMBER	FAX NUMBER
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

NAME OF BANK: _____ CONTACT NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ACCOUNT NUMBER: _____ PHONE: _____ FAX: _____

APPLICANT AGREES THAT ALL TRANSACTIONS RELATED TO THE EXTENSION OF CREDIT IN THE EVENT OF APPROVAL OF THIS CREDIT APPLICATION SHALL BE DEEMED TO BE PERFORMED IN FRANKLIN COUNTY, OHIO (THE PLACE WHERE WE WILL ADMINISTER YOUR ACCOUNT). ANY SUCH TRANSACTIONS SHALL BE GOVERNED BY THE LAWS OF THE STATE OF OHIO, WITHOUT REGARD TO OHIO CHOICE OF LAW PROVISIONS. ALL LEGAL ACTIONS ARISING OUT OF OR RELATING TO YOUR ACCOUNT SHALL BE VENUED (FILED AND ADJUDICATED) EXCLUSIVELY IN A STATE OR FEDERAL COURT LOCATED IN FRANKLIN COUNTY, OHIO. YOU HEREBY AGREE NOT TO OBJECT TO SUCH VENUE, AND YOU CONSENT TO PERSONAL JURISDICTION IN SUCH COURTS.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS. ANY BALANCE ON APPLICANT'S ACCOUNT WHICH EXCEEDS THIRTY (30) OR MORE DAYS DELINQUENCY SHALL BE SUBJECT TO A MONTHLY INTEREST CHARGE NOT TO EXCEED 1½% PER MONTH (18% PER ANNUM). THIS INTEREST SHALL BE DUE AND PAYABLE ALONG WITH COLLECTION COSTS AND REASONABLE ATTORNEY'S FEES. I/WE AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE ABOVE REFERENCES, FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE, PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

SIGNATURE

TITLE

TYPE/PRINTED NAME

DATE