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## CleanInnovations CREDIT APPLICATION

575 East Eleventh Avenue • Columbus, OH 43211-2682 • (614) 299-1187

FAX: (614) 299-2011

Mailing address: P.O. Box 11399 Columbus, OH 43211-0399

www.clean-innovations.com scu@cjs.net

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Company name

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DBA (if different)

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Contact person

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Address

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Phone

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Fax

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Federal tax ID or Social Security number.

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Type of business

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No. of employees

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Date business established

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Types of products you will purchase

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Amount of credit requested \$

Are you a:

1.  CORPORATION

State of incorporation

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Names, titles, and addresses of your three chief corporate officers

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Name and address of your resident agent

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2.  PARTNERSHIP

Names and addresses of the partners

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3.  SOLE PROPRIETORSHIP

Are you sales tax exempt?

4.  Yes      5.  No

Have you ever had credit with us before?

6.  Yes      7.  No

If yes, under what name?

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Authorized purchasers

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Purchase order required?

8.  Yes      9.  No

**TRADE REFERENCES**

Reference #1      **Name** \_\_\_\_\_  
                         **Address** \_\_\_\_\_  
                         **Phone** \_\_\_\_\_

Reference #2      **Name** \_\_\_\_\_  
                         **Address** \_\_\_\_\_  
                         **Phone** \_\_\_\_\_

Reference #3      **Name** \_\_\_\_\_  
                         **Address** \_\_\_\_\_  
                         **Phone** \_\_\_\_\_

**BANK REFERENCES**

Bank#1            **Account #** \_\_\_\_\_  
                         **Phone** \_\_\_\_\_  
                         **Contact person** \_\_\_\_\_  
                         **Name of bank** \_\_\_\_\_  
                         **Address** \_\_\_\_\_

Bank#2            **Account #** \_\_\_\_\_  
                         **Phone** \_\_\_\_\_  
                         **Contact person** \_\_\_\_\_  
                         **Name of bank** \_\_\_\_\_  
                         **Address** \_\_\_\_\_

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

**Authorized signature:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE**

1. 1. **Terms: Net 30 days from the date of the invoice, unless otherwise stated.**
2. 2. **The initial order from a new account will not be processed unless accompanied by the above requested information.**
3. 3. **A service charge of 2% per month will be added to all amounts billed if not paid by the end of the month.**
4. 4. **No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.**
5. 5. **PERSONAL GUARANTEE: If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.**