



1054 Monroe Rd.  
Suite 103  
Lebanon, Ohio 45036

## Credit Application Form

Please fill out the following sections and attach a current tax exemption form if applicable.

Business Contact Information	
Company Name	
Phone	
E-mail	
Company Address	

Purchasing Contact	
Name	
Email	
Phone	

Accounting Department Contact	
Name	
Email	
Phone	
How would you like your invoices sent?	<input type="checkbox"/> Mail : <input type="checkbox"/> Email:

Bank and Credit Information	
Bank Name:	
Bank Address:	
Phone:	
Contact Name:	
Contact Email:	

Trade References (Provide Three)		
Company Name		
Address		
City, State Zip code		
Phone		
Email		
Company Name		
Address		
City, State Zip code		
Phone		
Email		
Company Name		
Address		
City, State Zip code		
Phone		
Email		

Agreement		
1	All invoices are to be paid 30 days from the date of the invoice.	<input type="checkbox"/>
2	Claims arising from invoices must be made within seven working days.	<input type="checkbox"/>
3	By submitting this application, you authorize your company to make inquiries into the banking and trade references that you have supplied.	<input type="checkbox"/>

Signatures		
Signature		
Date		
Name and Title		

Please complete credit application and either email to [accounting@flexoparts.com](mailto:accounting@flexoparts.com) or fax to 866-709-6415. Thank you!