



# COMMERCIAL CREDIT APPLICATION

## Requarth Lumber Co.

**YARD & OFFICE**  
 447 EAST MONUMENT AVENUE  
 DAYTON, OHIO 45402

**MAILING ADDRESS**  
 P.O. BOX 38  
 DAYTON, OHIO 45401-0038

**PHONE**  
 DAYTON 937-224-1141  
 OHIO WATS 800-221-1141  
**FAX 937-224-5876**

Business Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Year Started _____ Type of Business _____ P.O. Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>  If exempt from Ohio Sales Tax, please attach appropriate certificate
--	---

NAMES & ADDRESSES OF PRINCIPAL STOCKHOLDERS OR OWNERS			
Names of Owners or Officers	Title	Home Address	Social Security No.
1.			
2.			
3.			
4.			

Names of Person Responsible for Paying Invoices	Phone
---	-------

BANK REFERENCES		
Bank Name	City, State	Account Number
1.		
2.		
3.		

TRADE REFERENCES	
Company Name	City, State
1.	
2.	
3.	
4.	
5.	

If new home construction,  
 source of construction funds: \_\_\_\_\_

I/We hereby agree to all purchases within the credit terms stated on each invoice. I/We further agree to pay an interest and service charge of up to 2% per month on any past due balance. I/we authorize the seller to obtain reports to be used in connection with this application and to obtain further credit information from any of the persons or firms set forth in this application and from any other source. I/we understand that the seller reserves a security interest in all merchandise sold on credit until the purchase price plus all late charges are paid in full.

I acknowledge that I have furnished the information give herein to obtain credit and warrant that it is true,

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
BY _____	DATE _____
NO. _____	AP _____
C./I. _____	SN _____
TX _____	PO _____ IND _____



# COMMERCIAL CREDIT APPLICATION

## Requarth Lumber Co.

YARD & OFFICE  
447 EAST MONUMENT AVENUE  
DAYTON, OHIO 45402

MAILING ADDRESS  
P.O. BOX 38  
DAYTON, OHIO 45401-0038

PHONE  
DAYTON 937-224-1141  
OHIO WATS 800-221-1141  
FAX 937-224-5876

Business Name _____	Proprietor <input type="checkbox"/>
Address _____	Partnership <input type="checkbox"/>
City _____ State _____ Zip _____	Corporation <input type="checkbox"/>
Phone _____ Fax _____ Year Started _____	If exempt from Ohio Sales Tax, please attach appropriate certificate
Type of Business _____ P.O. Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	

NAMES & ADDRESSES OF PRINCIPAL STOCKHOLDERS OR OWNERS			
Names of Owners or Officers	Title	Home Address	Social Security No.
1.			
2.			
3.			
4.			

Names of Person Responsible for Paying Invoices _____	Phone _____
---	-------------

BANK REFERENCES		
Bank Name	City, State	Account Number
1.		
2.		
3.		

TRADE REFERENCES	
Company Name	City, State
1.	
2.	
3.	
4.	
5.	

If new home construction, source of construction funds: \_\_\_\_\_

I/We hereby agree to all purchases within the credit terms stated on each invoice. I/We further agree to pay an interest and service charge of up to 2% per month on any past due balance. I/we authorize the seller to obtain reports to be used in connection with this application and to obtain further credit information from any of the persons or firms set forth in this application and from any other source. I/we understand that the seller reserves a security interest in all merchandise sold on credit until the purchase price plus all late charges are paid in full.

I acknowledge that I have furnished the information give herein to obtain credit and warrant that it is true,

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY <input type="checkbox"/>	
BY _____	DATE _____
NO. _____	AP _____
C./I. _____	SN _____
TX _____	PO _____ IND _____