

**urban** Industries, Inc.  
224 S. Riblet St. P.O. Box 27  
Galion, Ohio. 44833  
Ph. 800-537-2807  
Fax. 419-468-1811

# CREDIT APPLICATION

Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Shipping Address \_\_\_\_\_  
Street City State Zip

Telephone Number ( ) \_\_\_\_\_ E- Mail Address \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_ Website URL \_\_\_\_\_

Company Structure : CORPORATION  
Federal ID Number \_\_\_\_\_

Officers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARTNERSHIP  
Partner \_\_\_\_\_ SSN \_\_\_\_\_

Partner \_\_\_\_\_ SSN \_\_\_\_\_

Partner \_\_\_\_\_ SSN \_\_\_\_\_

Partner \_\_\_\_\_ SSN \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_ SSN \_\_\_\_\_

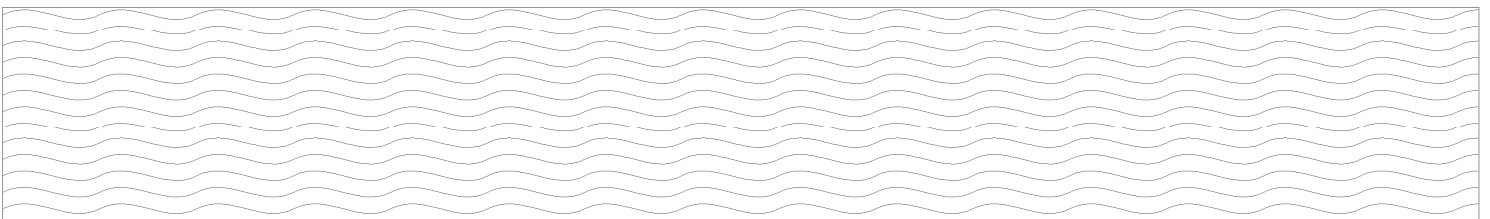
Year Established \_\_\_\_\_

Primary Business \_\_\_\_\_

## SHIPPING INFORMATION / SPECIAL INSTRUCTIONS

Urban Industries will select a freight line that best serves your area. If you have any special shipping instructions, such as call before delivery, special hours, etc., please note:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### BANK REFERENCES

All requested data must be supplied and authorization form signed before consideration can be given to establish credit.

Name of Bank _____	Name of Bank _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone Number (     ) _____	Telephone Number (     ) _____
Account Number _____	Account Number _____

### SUPPLIER REFERENCES

Firms, other than local vendors, with whom you are currently doing business with on a credit basis.

Name of Supplier \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (     ) \_\_\_\_\_ Fax Number (     ) \_\_\_\_\_

Name of Supplier \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (     ) \_\_\_\_\_ Fax Number (     ) \_\_\_\_\_

Name of Supplier \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (     ) \_\_\_\_\_ Fax Number (     ) \_\_\_\_\_

Applicant's signature attests to the financial responsibility, ability and willingness of applicant's company to pay our invoices in accordance with our terms. Applicant's company agrees to pay late charges in case of default of payments in compliance with terms. Applicant's company agrees that exclusive venue for all litigation arising between applicant's company and Urban lies with the State Court of Crawford County Ohio.

Signature and Title of Authorized Company representative Date

### AUTHORIZATION FORM

To whom it may concern:

I have applied for credit with Urban Industries and are hereby authorizing the release of any information needed to process such application.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date Completed \_\_\_\_\_