

Applicant or Business Name and Legal Name:

PLANT ADDRESS: 324 BARNHART STREET MARION, OH 43302

REMIT ADDRESS: 526 WEST 14TH ST. NO 156 TRAVERSE CITY, MI 49684

Date of Application:

Credit Application

For purpose of procuring and establishing credit, from time to time, with PHP, the undersigned Applicant(s) furnishes the following information. Applicant(s) represents and warrants said information is true and correct.

Mailing Address/Physical Address:	Telephone Number:		
Billing Address:	Fax Number:		
Type of Business (circle one):	PO REQUIRED?		
sole proprietorship partnership	CIRCLE ONE		
LLC corporation	YES OR NO		
Purpose of Business/Service:	Date Business was Established:		
Business Facility (circle one):	State of Incorporation or Registration		
owned rented leased			
Number of Employees:	Federal Identification Number or Social Security Number:		
Estimated Monthly Purchase Amount:	Resale Permit Number, if applicable:		
Owner (s) of sole proprietorship, Li	LC, partner OR Corporate Officer(s):		
Name:	Name:		
Name: Title:	Name: Title:		
Name:	Name:		
Name: Title:	Name: Title:		
Name: Title: Home Address:	Name: Title: Home Address:		
Name: Title:	Name: Title:		
Name: Title: Home Address: Telephone Number:	Name: Title: Home Address: Telephone Number:		
Name: Title: Home Address: Telephone Number: Mobile Phone Number:	Name: Title: Home Address: Telephone Number: Mobile Phone Number:		
Name: Title: Home Address: Telephone Number: Mobile Phone Number: E-mail Address: Name:	Name: Title: Home Address: Telephone Number: Mobile Phone Number: E-mail Address: Name:		
Name: Title: Home Address: Telephone Number: Mobile Phone Number: E-mail Address: Name: Title:	Name: Title: Home Address: Telephone Number: Mobile Phone Number: E-mail Address: Name: Title:		
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Name: Title: Home Address: Telephone Number: Mobile Phone Number: E-mail Address: Name: Title: Home Address:	Name: Title: Home Address: Telephone Number: Mobile Phone Number: E-mail Address: Name: Title: Home Address:		

Financial Institution:	Branch Address:		
i manetai mottution.	Branch Address.		
Decret Taleston Manhan	Contact Name		
Branch Telephone Number:	Contact Name:		
Account Number:	Type of Account:		
Account Number:	Type of Account:		
	L		
Prin	ciple Suppliers		
Company Name:	Contact Name:		
Address:	Telephone Number:		
E-mail Address:	Fax Number:		
Company Name:	Contact Name:		
Company Name:	Contact Name:		
Address:	Telephone Number:		
E-mail Address:	Fax Number:		
Company Name:	Contact Name:		
Address:	Telephone Number:		
E-mail Address:	Fax Number:		
In consideration of PHP, extending credit to Applicant, Applicant ag	rees to pay for all items delivered to or at the request of Applicant by PHP		
in accordance with our terms of Net 30. Applicant agrees that each of	f the terms and conditions of sale stated on the PHP		
invoices shall be a term of the contract of each sale from PHP to App one and one-half percent (1½%) per month shall be made on all sums			
	id service charge. An additional service charge, computed on the same		
	er of any one or more service charge shall not be deemed to be a waiver		
of future service charges. Applicant further agrees to pay all costs and	d expenses incurred by PHP, including reasonable attorney's fees, in		
	dersigned warrants that the above agreement has been carefully read and		
the Applicant understands the same.			
Applicant authorizes PHP to obtain credit and financial information concerning	ng the Applicant at any time and from any source.		
name of applicant	executed at		
avman/officer signature	data		
owner/officer signature	date		

Project name :			
Project location:			
DOT:			
DOT Project number:			
General Contractor:			
Is the project bonded: Yes	No	<u> </u>	
Bonding Company:			
Rond Number: Performance		Payment	