

Systec Segments Div.
1245 S. Clev-Mass Rd; Ste 218
Copley, Ohio 44321
(330) 666-8609 • Fax (330) 670-1347

CREDIT APPLICATION AND CONFIDENTIAL INFORMATION SHEET
(ALL LINES AND BOTH SIDES MUST BE COMPLETED)

NAME OF COMPANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX. NUMBER _____

EMAIL: _____ WEBSITE: _____

PRESIDENT _____

ACCOUNT PAYABLE MANAGER _____

CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____

YEAR ESTABLISHED _____

FEDERAL TAX ID # _____

TYPE OF BUSINESS ACTIVITY _____

AFFILIATED COMPANIES _____

HOW DO YOU PAY YOUR BILLS? (**MUST CIRCLE ONE TO BE PROCESSED**)

10 DAYS (DISCOUNT); 30 DAYS; 60 DAYS; 90 DAYS; OTHER _____

BANK NAME _____ BRANCH _____

ST. ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHECKING ACCOUNT NUMBER _____

CREDIT REFERENCES

1. _____
Company Name Address City/State Zip

Phone # Fax #

2. _____
Company Name Address City/State Zip

Phone # Fax

3. _____
Company Name Address City/State Zip

Phone # Fax

4. _____
Company Name Address City/State Zip

Phone # Fax

We reserve the right to hold shipments to, or to ship on a C.O.D. basis any orders received from any customer whose account is delinquent.

Date Authorized Signature

If your are tax exempt, please complete the following. Failure to do so will result in a sales tax being charged on your invoices.

BLANKET CERTIFICATE OF EXEMPTION

The undersigned hereby claims to purchases of tangible personal property from _____ on and after _____ and
(Name of Vendor) (Date)

certifies that this claim is based on the purchaser's proposed use of the items purchased, the activity of the purchaser, or both as shown hereon:

(PURCHASER MUST STATE STATUTORY REASON FOR CLAIMING EXEMPTION OR EXCEPTION)

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above named vendor unless the order specifies otherwise.

Purchaser's Name

Purchaser's Activity, i.e., Manufacturer, Public Utility, Church, etc.

Purchaser's Address

By- Signature and Title

Date Signed Vendors License, if any