## **CREDIT APPLICATION ~ STRICTLY CONFIDENTIAL**



www.BeavercreekRental.net

4119 Industrial Lane Store Hours:

Dayton, Ohio 45430 Monday-Friday: 7:00 am - 5:00 pm Phone: 937.429.3444 Saturday: 7:30 am - 3:00 pm

Fax: 937.429.2659 Closed Sundays

Email: beavercreekrental@sbcglobal.net

## TYPE OF ACCOUNT (please check one)

□Individual (non-business)

Complete sections A, B, D, E

Credit Line Requested \$\_\_\_\_\_

Credit Line Requested \$\_\_\_\_\_

☐ Business (over 5 years old)
Complete sections A, C, D, E
Credit Line Requested \$

SECTION A				0)	NNER/F	PRINC	PAL
Name	Middle		First	lome Phone (_	)		
Address Street		City		State		Zip	
Birthdate/ Sc			Drive	rs License			
How long at current residence	years	months		Fax # ()			
■Buying: Mortgagor		Address		City	State		Zip
■Renting: Landlord		Address		City	State		Zip
Previous Address (if at current addres	s less than 3 years) _	Street		City	State		Zip
Nearest Relative (not living with you) $_{\overline{N}}$		Address		City	State		Zip
Checking Account Bank			State	Account #_			
Savings Account Bank				Account # _			
~~~		City	State			-/	
SECTION B			J	OINT APPI	LICANI	PARI	NER
Name	Middle		First	Iome Phone (_	)		
Address Street		City		State		Zip	
Birthdate/ So			Driver				
How long at current residence				Fax # ()_			
■Buying: Mortgagor		Address		City	State		Zip
Renting: Landlord		Address		City	State		Zip
Previous Address (if at current address	s less than 3 years) _			•			·
Nearest Relative (not living with you)_		Street		City	State		Zip
Checking Account	ame	Address		City Account #	State		Zip
Savings Account		City	State				
				Account # _			

SECTION C		BUSINESS INFORMATION				
Full Company Name			How long i	n business		
Billing Address Street/PO Box						
Street/PO Box Shipping Address		City		State	Zip	
Shipping Address Street		City		State	Zip	
Business Phone# ()	Fax # ()	Fede	eral ID #			
Email:		■Sole Proprietor	□Partnership	<b>□</b> Corporation	(check one)	
Company Checking Bank	Address		City	Chaha	7:	
Loans	Address		City	State	Zip	
Bank	Address		City	State	Zip	
Principals of Company						
Name	Address		City	State	Zip	
Name	Address		City	State	Zip	
Name	Address		City	State	Zip	
SECTION D			CRED	IT REFERE	NCES	
1]	Address		City	State	Phone	
2]Company	Address		City	State	Phone	
			City	State	THORE	
3]	Address		City	State	Phone	
4]Company	Address		City	State	Phone	
Are purchase orders required? Are job names required? Are your purchases tax exempt If YES, please attach a copy of your Tax Exe as required by state law. Otherwise, taxes	□YES □NO :?□YES □NO empt Certificate, will be charged.	Persons authorized to	use this accour	nt: 		
Name of person completing thi	з аррисацон		CRE	DIT AGREE	MENT	
<ul> <li>⇒ The Undersigned(s) grant Beavercree</li> <li>⇒ The Undersigned(s) acknowledge the from the billing date of invoice.</li> <li>⇒ The Undersigned(s), in states where</li> <li>⇒ By executing this credit application/o sums and charges on this or any accordagents.</li> <li>+Please note that the information con</li> </ul>		r agencies and/or credit bureaus t t due will be assessed a 2% service sums due, all reasonable costs of o erally if more than one (1), agrees e, including purchase costs of mat urpose of establishing a line of	e charge per month (a collection and suit, in to comply with all prerials and service cha credit that will me k you in advance fo	cluding attorney fees. rovisions thereof, and urges, incurred by me et your needs. The	to pay all or by my more	
Personal Guarantee	Date	Signature of Applicant				
Personal Guarantee		Print name		Title		

CREDIT DEPARTMENT						
Reference	Phone #	Date Open	High Credit	Terms	Balance	How Pay
				+		