



Fax Application To: (330) 488-1217
Or Email To: Purchasing@WallaceForge.com

CREDIT APPLICATION

Legal Business Name	Trade Name-DBA	Phone # _____ Fax # _____
Billing Address	City	State _____ Zip Code _____
Shipping Address	City	State _____ Zip Code _____

Business Is a: ☐ Corporation ☐ LLC ☐ Partnership ☐ Proprietorship
Business Operates as: ☐ Distributor ☐ OEM ☐ Government Distributor ☐ Government OEM
Year Started _____ State of Inc. _____ Resale I.D.#: _____
Web Site Address: _____ Dun & Bradstreet # _____

Are You a: ☐ Subsidiary ☐ Division (if yes, check which)
Parent Company Name: _____ Address _____
City: _____ State: _____ Zip: _____
Do you require a purchase order # before we accept an order? ☐ Yes ☐ No
Purchasing Contact _____ Purchasing Email _____
Purchasing Phone _____ Estimated Monthly Purchases. \$ _____
A/P Contact _____ A/P Email _____
A/P Phone _____
Terms Requested: ☐ COD ☐ Credit Card ☐ Net terms – Credit Limit Requested \$ _____

Bank References

Name	Contact Name	Phone No
Street Address	City, State, zip Code	Date Opened

Type of Account _____ Checking No _____

Trade References (Major Supplies)

1. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Email
2. Name	Contact Name	Phone No.
Street address	City, State, Zip Code	Email
3. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Email

You represent you are an authorized representative with authority to enter into this agreement and the information contained in this Application and any attachment is true, correct and complete. You consent to Vendor obtaining information about you personally and the Applicant from credit reporting agencies and other sources Vendor deems appropriate in considering this Application.

Signature

Date

Title