

Battery Wholesale, Inc  
1515 West Alexis Road, Toledo, Ohio 43612  
P.O. Box 5677, Toledo, Ohio 43613  
P 419.478.6469 / E batterywholesale.ar@gmail.com

**CREDIT APPLICATION**

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Principal's Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Bank Name and Address \_\_\_\_\_

Accounts Receivable Contact Email \_\_\_\_\_ Phone \_\_\_\_\_

Incorporated? YES NO Date Incorporated \_\_\_\_\_ State \_\_\_\_\_

Tax Exempt? YES NO Tax Exempt or Resale # \_\_\_\_\_ Purchase Order Required? YES NO

**INDUSTRY TRADE REFERENCES (3 Required)**

1. Company Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_ Contact \_\_\_\_\_

2. Company Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_ Contact \_\_\_\_\_

3. Company Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_ Contact \_\_\_\_\_

CREDIT LINE REQUESTED \$ \_\_\_\_\_

Terms: NET 30 DAYS. Past due accounts will be subject to a Service Charge of 1.5% per month (18% per annual.) The Company agrees that, in the event of default by nonpayment of any overdue invoices, the company shall be liable for collection charges including reasonable attorney fees.

Signature \_\_\_\_\_

Print Name/Title \_\_\_\_\_

CREDIT WILL NOT BE ESTABLISHED WITHOUT AN AUTHORIZED SIGNATURE.

Guaranty: The undersigned Guarantor ("Guarantor") individually guarantees the payment of all amounts due Battery Wholesale, Inc. arising from credit that may be extended by Battery Wholesale, Inc. to the Company listed above. Guarantor's liability shall remain in effect until the indebtedness of the Company to Battery Wholesale, including service charges and attorney fees, if applicable, is fully paid.

Guarantor's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Social Security # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_