



Goss Supply Co.

620 Marietta Street
Zanesville, Ohio 43701
Fax: 740-454-7344
740-454-2571

660 Harmon Plaza
Columbus, Ohio 43223
Fax: 614-445-7301
614-445-7128



GOSS RENTAL

210 S. Sixth Street, P.O. Box 2580,
Zanesville, OH 43702-2580
740-454-2577

CREDIT APPLICATION AND AGREEMENT

Company Name: _____ Date: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ - _____ County _____

Business Phone Number: (_____) _____ Fax Number: (_____) _____

Company is (Check One): Corporation: _____ Individual: _____ Partnership: _____ Other: _____

EIN# _____ - _____ or S/S# _____ - _____ Accounts Payable Contact: _____

Purchase Order Required: _____ Yes _____ No Tax Exempt: _____ Yes _____ No Attach Completed Sales Tax Exemption

Invoice/Statement Option: _____ Email _____ Mail Email Address: _____

BILL TO ADDRESS: Same as above. Name: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ - _____ County _____

Phone Number: (_____) _____ Fax Number: (_____) _____

SHIP TO ADDRESS: Same as bill to address. Name: _____

Address1: _____ Address2: _____

City: _____ State: _____ Zip: _____ - _____ County _____

Phone Number: (_____) _____ Fax Number: (_____) _____

PRINCIPALS ARE:

Name: _____ Title: _____ Home Phone: (_____) _____ - _____

Address: _____ Social Security No.: _____ - _____ - _____

City: _____ State: _____ Zip: _____ - _____

Name: _____ Title: _____ Home Phone: (_____) _____ - _____

Address: _____ Social Security No.: _____ - _____ - _____

City: _____ State: _____ Zip: _____ - _____

Company is a Corporation, Incorporated under the Laws of (State) _____

Company is a Subsidiary of (Parent Organization) _____

Type of Business: _____

Number of Employees: _____ Number of Years in Business: _____ Number of Branch Locations: _____

--- PLEASE COMPLETE FORM ON REVERSE SIDE ---

Return completed form via: Mail, Fax: 740.454.7344, Email: ar@goss-supply.com

COMPANY BANK:

Name: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ - _____

Checking Account Number: _____

Phone Number: (_____) _____ Current Loan Balance: _____

Do Not Write in this area: _____

TRADE REFERENCES:

(Furnish 3 or more with complete addresses)

YOUR ACCOUNT NO. Name: _____

_____ Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ - _____

Phone No: (_____) _____ Fax No: (_____) _____ Contact Person: _____

Do Not Write in this area: _____

YOUR ACCOUNT NO. Name: _____

_____ Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ - _____

Phone No: (_____) _____ Fax No: (_____) _____ Contact Person: _____

Do Not Write in this area: _____

YOUR ACCOUNT NO. Name: _____

_____ Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ - _____

Phone No: (_____) _____ Fax No: (_____) _____ Contact Person: _____

Do Not Write in this area: _____

TERMS: Terms are 1% 10 days, NET 30 days, to established and approved accounts. Other accounts are Check with order or C.O.D.. Accounts unpaid after 30 days will be considered delinquent and will be subject to a 1-1/2% per month service charge 18% per annum. Accounts over 60 days will be placed on a C.O.D. basis.

The undersigned certifies that the above information is true and authorizes Goss Supply Co./Goss Rental Center to obtain any credit information about the company or the principals which Goss Supply Co./Goss Rental Center consider necessary.

In consideration for the extension of credit to Company by Goss Supply Co./Goss Rental Center, the undersigned does hereby guaranty payment by company of the full amount of credit granted by Goss Supply Co./Goss Rental Center to Company, including amounts in excess of the proposed line of credit stated above, plus 1-1/2% interest per month on the outstanding balance of any delinquent account and any and all collection cost, including reasonable Attorney's Fees.

SIGNATURE: _____ **TITLE:** _____

PRINTED NAME: _____ **DATE:** _____