



Please type or print. Complete information minimizes processing delays. Use complete legal entity name. If a corporation, use registered corporate name.

Company Name _____		Division of or DBA _____	
Shipping Address _____			
<i>Street</i>		<i>City</i>	
<i>State</i>		<i>Zip</i>	
Billing Address _____			
<i>Street</i>		<i>City</i>	
<i>State</i>		<i>Zip</i>	
Main Telephone _____		Duns # _____	
Contact Name _____		Fax or E-Mail _____	
A/P Contact _____		A/P Phone _____	
		A/P EMAIL _____	
Date Business Started (current ownership) _____		Website _____	
Type of Organization	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Private Business	<input type="checkbox"/> Municipal/Govt.
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Type of Business	<input type="checkbox"/> Hospital	<input type="checkbox"/> Clinic	<input type="checkbox"/> College/University
	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Nursing Home
Are Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
State Sales Tax ID# _____		Expiration Date _____	
State and local/use tax will be charged on all orders. If you are exempt from sales/use tax, you must provide us a copy of your exemption certificate.			

**Personnel Who Have Authorization to Order**

Name		Name	
Title		Title	
Phone		Phone	

Applicant has established the following accounts and authorizes contact for necessary credit information:

**Trade References (Need 3 Excluding Company Credit Cards)**

Name of Supplier	Account Number	Contact	Phone	Fax	E-Mail
1					
2					
3					

**Bank References**

Bank Name and Address	Account Number	Contact	Phone Number

Approximate Amount of Initial Order \$ \_\_\_\_\_ Estimated Monthly Purchases \$ \_\_\_\_\_

Credit Amount Requested \$ \_\_\_\_\_

**Terms:** Net 30. A service charge of the lesser of 1-1/2% per month (18% per year) or the highest monthly interest rate that may be charged by law will be added to past-due balances until paid in full. I/We agree to be liable for all expenses (including reasonable attorney fees) incurred in collecting overdue accounts and agree, if a dispute arises, the laws of the State of Ohio will prevail.

Should credit be granted by Ferno, all decisions with respect to the extension or continuation shall be in the sole discretion of Ferno. Ferno may terminate credit availability within its sole discretion at any time.

I Accept.

By checking the "I Accept" box, you are signing the Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By checking "I Accept" you consent to be legally bound by this Agreement's terms and conditions as well as authorizing the release of information necessary to evaluate this credit application.

It is recommended that you print a copy of this Agreement for future reference.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Print Name \_\_\_\_\_