

Credit Application

Please print or type.



Tape Central, Inc.
7020 Huntley Road, Unit C
Columbus, Ohio 43229
Phone: 614/848-5222
Toll Free: 877/432-8273
Fax: 614/848-6189

Business Information: **Bill to**

Name _____

Street Address _____

City _____ State _____ Zip _____
() ()

Phone Number _____ Fax Number _____

Email _____ Duns No. _____

Business Information: **Ship to**

Name _____

Street Address _____

City _____ State _____ Zip _____
() ()

Phone Number _____ Fax Number _____

Email _____

Credit Line Requested

Type of Business: Corporation Partnership Sole Proprietorship Other: _____

Sales Tax Status: Exempt Non-Exempt (Exempt firms must provide valid state tax exempt certification.)

Tax Exempt Reason: Resale Gov. Agency Exempt Institution Direct Pay Other: _____

P.O. Required for Order Placement: Yes No

Estimated Monthly Purchases

President ()
Accounts Payable Contact _____
Accounts Payable Phone Number _____

Authorized Signature(s) on P.O. _____

Accounts Payable Contact _____

Accounts Payable Phone Number _____

Trade Reference #1

Name _____

Street Address _____

City _____ State _____ Zip _____
() ()

Phone Number _____ Fax Number _____

Account Number _____ Contact _____

Trade Reference #2

Name _____

Street Address _____

City _____ State _____ Zip _____
() ()

Phone Number _____ Fax Number _____

Account Number _____ Contact _____

Bank Reference

Name _____

Street Address _____

City _____ State _____ Zip _____
() ()

Phone Number _____ Fax Number _____

Account Number _____ Contact _____

* Please remember that you must provide 2 trade references and 1 bank reference to apply for credit.

Payment Terms: (Application cannot be processed unless signed by a principal, owner or authorized accounts payable personnel.) Payment shall be net thirty (30) days from the date of invoice, unless otherwise agreed in writing by Tape Central. All amounts past due shall be subject to a finance charge of one and one-half percent (1-1/2%) per month (18% per annum), or such lesser rate as shall constitute the maximum rate allowable under applicable law. In addition, customer agrees to pay Tape Central all attorneys' fees and court costs reasonably incurred in collecting any past due amounts. All checks honored by your bank will be subject to a \$25 returned check fee.

Applicant _____

Signature _____

Title _____

Date _____

Credit Card Information: (If applicable) Attach a photo copy of front & back of credit card.

Card Type _____ Card Number _____ Expiration Date _____ Name As it Appears on Card _____

Signature _____ Title _____ Date _____