

Ohio Star Forge Co.

Credit Application Form

Please submit to:

Email – ap@ohiostar.com

Fax – 330.847.6368

General Business Information

Business Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Main Phone: _____ Federal Tax ID #: _____ Dun & Bradstreet ID #: _____

Type of Business: Sole Proprietorship Partnership Corporation Limited Liability Company

Year of Inception: _____ Year of Incorporation: _____ State of Incorporation: _____

Parent Company Name (if applicable): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Accounts Payable Information

A/P Contact Name: _____

A/P Email Address: _____ A/P Phone: _____

Terms Requested (NET 30 Standard): _____ Credit Limit Requested: _____

Bank Reference

Bank Name: _____ Account Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Trade References

1) Business Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Contact Person Name: _____ Contact Person Email: _____

2) Business Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Contact Person Name: _____ Contact Person Email: _____

3) Business Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Contact Person Name: _____ Contact Person Email: _____

I hereby certify that the information contained herein is complete and accurate and can be used for verification purposes.

Signature: _____ Date: _____ Title: _____