

APPLICATION FOR CREDIT

**GRAHAM FORD, INC.**

707 W. Broad Street – P.O. Box 789  
Columbus, OH 43216-0789  
(614) 464-6078 FAX (614) 464-6013

Date Received	_____
Approved By	_____
Ctl No.	_____
Limit	_____

**TERMS ARE NET 30 DAYS OF INVOICE - FINANCE CHARGE IS APPLICABLE FOR PAST DUE AMOUNTS**

PLEASE PRINT OR TYPE

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Mailing Address if different from above \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

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

Do you require a Purchase Order? \_\_\_\_\_ Anticipated monthly purchases \$ \_\_\_\_\_

Date started in business \_\_\_\_\_ Ever filed for Bankruptcy? \_\_\_\_\_

Application is for: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Federal ID# \_\_\_\_\_ Social Security # \_\_\_\_\_

Officer/Principal Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Officer/Principal Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sales Tax Exempt? \_\_\_\_\_ If so, Vendor # \_\_\_\_\_ **EXEMPTION CERT MUST BE ATTACHED**

Exempt Sales will NOT be made unless certificate is on file

CREDIT REFERENCES

	Reference #1	Reference #2	Reference #3	Reference #4
Name	_____	_____	_____	_____
Address	_____	_____	_____	_____
City	_____	_____	_____	_____
State/Zip	_____	_____	_____	_____
Phone	_____	_____	_____	_____
High Credit	_____	_____	_____	_____

I CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION IS CORRECT AND AGREE TO THE TERMS AND CONDITIONS AS SET BY GRAHAM FORD, INC. Signature and Title \_\_\_\_\_