

LAKESIDE SUPPLY COMPANY  
3000 WEST 117<sup>TH</sup> STREET, CLEVELAND, OHIO 44111  
PH: 216-941-6800 FAX: 216-941-1746 & 216-941-8408

## CREDIT APPLICATION

DATE \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

CO. ADDRESS \_\_\_\_\_ CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

COMPANY WEBSITE ADDRESS \_\_\_\_\_

FEDERAL EMPLOYEE ID NUMBER \_\_\_\_\_

TYPE OF BUSINESS: CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE PROPRIETOR \_\_\_\_\_

**\*\*\*PLEASE SEND COPY OF TAX EXEMPT FORM IF APPLICABLE\*\*\*\***

### **OWNERS OR PARTNERS INFORMATION**

BIRTHDATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

### **ADDRESS (ES) OF OWNED REAL ESTATE**

ADDRESS \_\_\_\_\_ CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### **VENDOR (TRADE) REFERENCES INCLUDE PHONE & EMAIL ADDRESS**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

ANTICIPATED ANNUAL PURCHASES \_\_\_\_\_

### **COMMERCIAL ACCOUNTS INFORMATION**

BANK \_\_\_\_\_ BRANCH \_\_\_\_\_

ACCT # \_\_\_\_\_ CONTACT \_\_\_\_\_

DO YOU REQUIRE A PO # \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT PERSON \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT DIRECT PHONE NUMBER \_\_\_\_\_ + \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT DIRECT FAX NUMBER \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT E-MAIL ADDRESS \_\_\_\_\_ + \_\_\_\_\_

HOW WOULD YOU LIKE TO RECEIVE YOUR INVOICES? E-MAIL \_\_\_\_\_ MAIL \_\_\_\_\_

**TERMS AND CONDITIONS**

**TERMS: NET 30 DAYS. ACCOUNTS OVER 30 DAYS ACCRUE A SERVICE CHARGE OF 1.5% PER MONTH ON THE UNPAID BALANCE. ALL RETURNED MATERIAL IS SUBJECT TO A 20% HANDLING CHARGE. \$15.00 DELIVERY CHARGE APPLIES TO ALL DELIVERIES. ALL CREDIT CARD PAYMENTS ARE SUBJECT TO A 3% SERVICE CHARGE.**

I (we) agree that all purchases made on this account, individually, by an employee, or any other agent with actual or apparent authority to make a purchase on this account shall be governed by the above state terms. In conjunction with this application, the **Lakeside Supply Company** is authorized to verify the information supplied herein and to receive and exchange credit information about the named company or individual, now and in the future. In the event this account is referred to an attorney for collection, all costs of collection including, by not limited to, court cost and reasonable fees, shall be an additional charge on this account.

Signed \_\_\_\_\_

\_\_\_\_\_  
Owner's Name (please print)

**The above needs to be signed verifying your agreement to all of the above terms and conditions of Lakeside Supply Company.**

I, \_\_\_\_\_, personally guarantee payment to the **Lakeside Supply Company** for all purchases and fees chargeable to the above stated account. This guarantee shall be enforceable at any time a portion of the account is past due.

Signed \_\_\_\_\_

**ALL CHARGES ARE SUBJECT TO APPROVAL OF THIS APPLICATION**

Please fax to 216-941-1746 or email [GDrell@lakesidesupply.com](mailto:GDrell@lakesidesupply.com)