



Goss Supply Co.

620 Marietta Street
Zanesville, Ohio 43701
Fax 740-454-7344
740-454-2571
800-222-4677

660 Harmon Plaza
Columbus, Ohio 43223
Fax 614-445-7301
614-445-7128
800-722-4677



GOSS RENTAL

210 S. Sixth Street, P.O. Box 2580,
Zanesville, OH 43702-2580
740-454-2577 800-222-4677

CREDIT APPLICATION AND AGREEMENT

Company Name: _____ Date: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ - _____ County _____

Business Phone Number: (_____) _____ Fax Number: (_____) _____

Company is (Check One): Corporation: _____ Individual: _____ Partnership: _____ Other: _____

EIN # _____ - _____ or S/S # _____ - _____ Accounts Payable Person: _____

Purchase Order Required: _____ Yes _____ No Email Address: _____

Tax Exempt: _____ Please Attach Completed Sales Tax Exemption.

BILL TO ADDRESS: Same as above. Name: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ - _____ County _____

Phone Number: (_____) _____ Fax Number: (_____) _____

SHIP TO ADDRESS: Same as bill to address. Name: _____

Address1: _____ Address2: _____

City: _____ State: _____ Zip: _____ - _____ County _____

Phone Number: (_____) _____ Fax Number: (_____) _____

PRINCIPALS ARE:

Name: _____ Title: _____ Home Phone: (_____) _____ - _____

Address: _____ Social Security No.: _____ - _____ - _____

City: _____ State: _____ Zip: _____ - _____

Name: _____ Title: _____ Home Phone: (_____) _____ - _____

Address: _____ Social Security No.: _____ - _____ - _____

City: _____ State: _____ Zip: _____ - _____

Company is a Corporation, Incorporated under the Laws of (State) _____

Company is a Subsidiary of (Parent Organization) _____

Type of Business: _____

Number of Employees: _____ Number of Years in Business: _____ Number of Branch Locations: _____

--- PLEASE COMPLETE FORM ON REVERSE SIDE ---

Return completed form to: Goss Supply Co., P.O. Box 2580, Zanesville, OH 43702-2580 **Fax:** 740-454-7344

COMPANY BANK:

Name: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ - _____

Checking Account Number: _____

Phone Number: (_____) _____ Current Loan Balance: _____

Do Not Write in this area: _____

TRADE REFERENCES:

(Furnish 3 or more with complete addresses)

YOUR ACCOUNT NO. Name: _____

_____ Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ - _____

Phone No: (_____) _____ Fax No: (_____) _____ Contact Person: _____

Do Not Write in this area: _____

YOUR ACCOUNT NO. Name: _____

_____ Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ - _____

Phone No: (_____) _____ Fax No: (_____) _____ Contact Person: _____

Do Not Write in this area: _____

YOUR ACCOUNT NO. Name: _____

_____ Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ - _____

Phone No: (_____) _____ Fax No: (_____) _____ Contact Person: _____

Do Not Write in this area: _____

TERMS: Terms are NET 10th Prox., to established and approved accounts. Other accounts are Check with order or C.O.D.. Accounts unpaid after 30 days will be considered delinquent and will be subject to a 1-1/2% per month service charge 18% per annum. Accounts over 60 days will be placed on a C.O.D. basis.

The undersigned certifies that the above information is true and authorizes Goss Supply Co./Goss Rental Center to obtain any credit information about the company or the principals which Goss Supply Co./Goss Rental Center consider necessary.

In consideration for the extension of credit to Company by Goss Supply Co./Goss Rental Center, the undersigned does hereby guaranty payment by company of the full amount of credit granted by Goss Supply Co./Goss Rental Center to Company, including amounts in excess of the proposed line of credit stated above, plus 1-1/2% interest per month on the outstanding balance of any delinquent account and any and all collection cost, including reasonable Attorney's Fees.

SIGNATURE: _____ **TITLE:** _____

PRINTED NAME: _____ **DATE:** _____