



4411 Crystal Parkway

Kent, Ohio 44240

(330) 673-8800

Fax (330) 673-8070

CREDIT APPLICATION

Date _____

Company Name _____

Name of Owner, Partner or Principal of Corp. _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone No.() _____ Type of Business _____

Fax No. _____ Taxable _____ Exempt _____

Name of other Principals or Partners in Company:

Bank Reference: Name _____ Address _____

Contact _____ Branch _____ Telephone _____

Account Numbers: Checking. _____ Savings _____

Trade References: (Local if possible.)

Name _____ Fax _____

Telephone _____

Address _____

Name _____ Fax _____

Telephone _____

Address _____

Name _____ Fax _____

Telephone _____

Address _____

Name _____ Fax _____

Telephone _____

Address _____

Amount of Credit Requested _____ Estimated Quarterly Purchases _____

I,(we) hereby apply for a credit account with Farley Company and if granted agree to pay all invoices in accordance with stated terms. I,(we) further agree that Farley Company may contact the above listed references and such references are hereby authorized to convey to Farley Company information requested.

Signature and Title _____