



NEW CUSTOMER FORM

Applications are considered valid only if signed by the owner, partner, or a corporate officer. A copy of your current financial statement allows us to grant you the highest credit limit.

Company

Firm Name _____ Phone Number _____

Fax Number _____

Street
Address _____ City _____ State _____ Zip _____

Proprietorship Partnership Corporation

Operated: Full-Time Part-Time

State Sales Tax # _____ FEIN# _____

Type of Business: _____ Website _____

**Email Address to send Invoices _____

Number of years in Business under this Ownership, at this location: _____

Principals or Owners:

➤ Name _____ Title _____

Phone# _____ Fax _____

Street
Address _____ City _____ State _____ Zip _____

➤ Name _____ Title _____

Phone# _____ Fax _____

Street
Address _____ City _____ State _____ Zip _____

Banking

Bank Fax# _____

➤ Bank Name _____ Bank Phone# _____

Street
Address _____ City _____ State _____ Zip _____

➤ Bankers Name _____ Checking Account# _____

Trade References

Please list (3) three firms in the industry with which you do business, preferably on an open account basis.

- Company Name _____ Contact _____ Street
 Address _____ City _____ State _____ Zip _____
Phone _____ *Fax* _____
 Account Status: Open C.O.D. Credit Card

- Company Name _____ Contact _____ Street
 Address _____ City _____ State _____ Zip _____
Phone _____ *Fax* _____
 Account Status: Open C.O.D. Credit Card

- Company Name _____ Contact _____ Street
 Address _____ City _____ State _____ Zip _____
Phone _____ *Fax* _____
 Account Status: Open C.O.D. Credit Card

Based upon the information above, please establish an Open Credit Card or C.O.D. account with Owens Products, Inc., in the amount of \$__. I understand that interest will be charged on past due balances at a rate not to exceed the applicable state legal maximum or 1½% per month, whichever is less. If I fail to pay all amounts when due, I understand I will be liable for all cost of collection, including without limitation, attorneys fee.

Sign **Title**

Print **Date**

Unconditional Guarantee:

To induce Owens Products, Inc. to extend credit to the above named applicant and in consideration of the extension of credit to applicant, I personally guarantee all debts of applicant to Owens Products, Inc., now existing or hereafter arising. This guarantee shall apply to all debts incurred prior to receipt by Owens Products, Inc. of written notice of my election not to guarantee any new debt. I waive all legal defenses of guarantors except payment, to the fullest extent allowed by state law.

Sign **Print**

Date: _____