



2999 Henkle Drive | Lebanon, Ohio 45036 | 800.543.0550 | T 513.932.3445 | [ghent.com](http://ghent.com)

# Credit Application

Page 1 of 2

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Website

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Shipping Address

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

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

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
D & B #

\_\_\_\_\_  
Owner Name

\_\_\_\_\_  
Owner's e-mail Address

Form of Business  
(Check applicable line)    Proprietorship \_\_\_\_\_    Partnership \_\_\_\_\_    Corporation \_\_\_\_\_    Other \_\_\_\_\_

Type of business \_\_\_\_\_  
(example: Dealer, Distributor, Wholesaler, etc)

What type of products do you sell? \_\_\_\_\_  
(example: Office, Signs, School, etc)

How do you go to market? \_\_\_\_\_  
(example: Catalog, Store, Website, etc)

Length of time company has been in business \_\_\_\_\_

Has the firm or any of its principals ever been bankrupt? Yes \_\_\_ No \_\_\_

Would you like your invoices sent     E-mail     Fax     EDI?

E-mail \_\_\_\_\_ Fax # \_\_\_\_\_ EDI contact \_\_\_\_\_

How did you hear about Ghent? \_\_\_\_\_

**A Ghent Exempt/Non-Exempt Tax Form is required. Please complete the attached form and return it with your credit application.**

I hereby represent that I am authorized to submit this application on behalf of the company named above and the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Ghent Manufacturing, Inc., to investigate the references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection, legal expenses, and interest (at 1 ½% per month) may be charged to debtor in the event of default or failure to pay for goods sold and delivered. I further represent that the company applying for credit has the financial ability and willingness to pay all invoices within the established terms.

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach your credit information or continue to page 2  
When application and tax form are complete, fax to (513) 932-9252  
Contact Beth Hanes with questions at (800) 543-0550, ext. 174**



# Credit Application

## Payables:

Person to contact \_\_\_\_\_ Title \_\_\_\_\_ Telephone #/Extension \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Telephone #/Extension \_\_\_\_\_

Bank Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Bank Account # \_\_\_\_\_

Bank Contact \_\_\_\_\_ Branch \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

## Trade References:

(Minimum of 3 required)

Vendor Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Account # \_\_\_\_\_

Vendor Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Account # \_\_\_\_\_

Vendor Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Account # \_\_\_\_\_

Vendor Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Account # \_\_\_\_\_