

RAMKO DISTRIBUTING, INC

3840 LAGRANGE ST. TOLEDO, OHIO 43612

TEL: (419) 470-1802 FAX: (419) 470-1801

Email: info@ramkodistributing.com

CONFIDENTIAL CREDIT APPLICATION

To insure processing, please complete all sections of this application.

Firm Name:

DBA:

Phone No.

Fax No.

Salesperson

Customer #

Amount of Order Pending

Street Address:

Mail Address:

City:

State & Zip:

Type Of Business:

Proprietorship

Partnership

Corporation

Div.

Subsid.

NAME?HOME ADDRESS/HOME PHONE OF PROPREITOR/PARTNERSHIP/ALL CORPORATE OFFICERS:

Name/Title

Home Address

Home Phone

SS#

Name/Title

Home Address

Home Phone

Name/Title

Home Address

Home Phone

COMAPANY IN BUSINESS SINCE:

AT THIS LOCATION SINCE:

NO OF EMPLOYEEES

D & B RATING

Own

Lease

ANNUAL SALES VOLUME

\$

YEARLY PURCHASES (ESTIMATE)

\$

CREDIT LINE REQUIRMENTS(ESTIMATE)

\$

ACCOUNTS PAYABLE CONTACT

HAS CREDIT EVER BEEN DECLINED
FOR YOUR FIRM

Yes

No

CHECK BASIS ON WHICH YOU PAY BILLS
C.O.D NET 10

DO YOU CARRY FIRE & THEFT
INSURANCE ON INVENTORIES

Yes

No

AMOUNT: \$

Are Your A/R or Inventories Pledged as Security?

Do You Have Any Outstanding UCC Sec. Agreement?

CARRIER:

LIST FIVE OUT OF STATE TRADE REFERENCES:

Company Name and Address

Telephone No.

1.

2.

3.

4

BANK REFERENCES WITH ACCOUNT NO. (TWO IF POSSIBLE)

Name and Branch Address

Telephone No.

1.

2.

CUSTOMER AGREEMENT

The undersigned: promises to pay for monthly purchases in accordance with your terms of sales. The undersigned also authorizes you to obtain any information you consider necessary from any source whatever, concerning the statements in this application. If at any time, for any reason, the undersigned is unable to pay for monthly purchases when due, the undersigned agrees to pay and authorizes you to bill my/our account, a service charge on any past due amount owing on my/our account. In the event it becomes necessary for you company to incur collection costs or institute suit to collect any amount due under this agreement, or any portion thereof, venue shall be in Lucas County, Ohio unless you, at your sole discretion choose some other forum, and the undersigned promises to pay such additional collection costs, charges and expenses, including reasonable attorney's fees if the account is placed in the hands of an attorney for collection. We further agree to pay promptly our obligations to you and if not we understand that the cost to you in bookkeeping, collection, billing, mail and like expense together with cost of money is difficult to ascertain, calculate and determine and that fair average compensation to you for all the foregoing should be at the rate of 1 - 1/2% per month, or fraction thereof, computed on past due balance.

Legal Signature

Legal Signature

Person to contact with reference to the application

Name

Phone

All statements made herein are true and accurate to the best of our knowledge. We authorize Ramko Distribution to make any and all inquiries necessary for action on the credit application. We hereby indemnify Ramko Distribution and its agents, from any liability resulting from their credit survey.

COMPANY/CORPORATE NAME

AUTHORIZED REPRESENTATIVE

LEGAL SIGNATURE

TITLE

DATE

RESALE CERTIFICATE

NAME OF PURCHASER

ADDRESS OF PURCHASER

I HEREBY CERTIFY; I hold seller's permit No.
in the business of selling

issues pursuant to the Sales and Use Tax Law; that I am engaged

That the tangible personal property described herein which I shall purchase from:

will be resold by me in the form tangible personal property; provided, however, that in the event any such property is sued for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property. Description of property to be purchased.

SIGNATURE OF PURCHASER OR AUTHORIZED AGENT

DATE

WE, the undersigned, have applied to Ramko Distributing, Inc., for the extension of credit and/or acceptance of company check.

WE, hereby, authorize release of information to Ramko Distributing, Inc., on the accounts listed and said credit application to be attached.

COMPANY NAME:

ADDRESS:

TELEPHONE:

AUTHORIZATION DATE:

CHECKING ACCOUNT NO:

TITLE:

SIGNATURE: