

# SHAMROCK

HOSE & FITTINGS, INC.  
1771 Ivanhoe Road  
Cleveland, Ohio 44112  
Tel. (216)531-7800  
Fax (216)531-8986

# CREDIT APPLICATION

**THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL AND WILL BE HELD IN CONFIDENCE**

APPLICANT: \_\_\_\_\_

( ) CORP. ( ) PARTNERSHIP ( ) SOLE PROPRIETOR

BILL TO ADDRESS: \_\_\_\_\_

STATE OF INCORPORATION: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

IN BUSINESS SINCE: \_\_\_\_\_

SHIP TO ADDRESS \_\_\_\_\_

TELEPHONE/FAX: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EXEMPT FROM OHIO SALES TAX ( ) YES ( ) NO

If yes, please return Ohio Sales Tax Exemption Form with application

TYPE OF BUSINESS: \_\_\_\_\_

**NAME AND TITLE OF TOP THREE EXECUTIVES:**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**BANK INFORMATION:**

BANK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT/PHONE: \_\_\_\_\_

Bank Acct # \_\_\_\_\_

ADDRESS/PHONE: \_\_\_\_\_

**BUSINESS REFERENCES:**

(Cleveland area component suppliers where possible)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

*Applicant certifies that all the information on this form is correct, and that it fully understands and agrees to Shamrock's credit terms of NET 30 DAYS. (Overdue accounts may be subject to 1.5 % interest per month on balance due.)*

SIGNATURE \_\_\_\_\_ NAME AND TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR INTERNAL USE ONLY**

HIGH CREDIT	DOING BUSINESS SINCE	PAYMENT RECORD
(B) _____	_____	_____
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

CREDIT: ( ) APPROVED BY: \_\_\_\_\_ FOR: \$ \_\_\_\_\_ ( ) DENIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_

APPLICATION PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ CUSTOMER INFORMED BY ( ) TELEPHONE ( ) MAIL