## R. W. SIDLEY, INC.

**Application for Credit** Product(s) Ordered: This section must be completed by a Sidley Employee: Job Site: \_\_\_\_\_\_ Order Amount: \_\_\_\_\_ Date: Sidley Representative: Group: (Circle) C&M Mack Precast Individual Applicant Date of Birth: \_\_\_\_\_ Tele. No. \_\_\_\_\_ Name: How Long? \_\_\_\_\_ □ Own □ Rent Present Address: \_\_\_\_\_ Mortgaged? ☐ No ☐ Yes Where?\_\_\_\_\_ Previous Address: Mortgage Balance Due \_\_\_\_\_ How Long? (If less than 3 years) Employment: Address: Social Security No. Spouse's Name: Social Security No. Spouse's Employment: How Long? \_\_\_\_\_ If joint application, spouse will be contractually liable. **Business Account:** (Exact name which business is conducted) Years in Business: \_\_\_\_\_ Type of Business: Telephone No. Address: Fax No. State: \_\_\_\_\_ Zip: \_\_\_\_\_ ☐ Partnership ☐ Proprietorship Subsidiary of: \_\_\_\_ ☐ Corporation - State of \_\_\_\_\_ Tax Exempt: ☐ Yes ☐ No # □ Blanket □ Unit (Attach exemption form if exempt) Web address: Officers, Partners, Owners Name: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone No. \_\_\_\_\_ Name: Email: \_\_\_\_\_ Telephone No. \_\_\_\_\_ Credit and Trade References Account No. Phone # Bank Address Contact Person (Officer) 1. \_\_\_\_\_ 3. Construction Loan ACCOUNT ☐ Savings ☐ Loans Suppliers, Stores, etc. ☐ Checking Name: 1. \_\_\_\_\_ City: \_\_\_\_ Phone No. \_\_\_\_\_ Name: 2. \_\_\_\_\_ City: \_\_\_\_\_ Phone No. \_\_\_\_ Name: 3. \_\_\_\_\_ City: \_\_\_\_\_ \_\_\_\_\_ Phone No. \_\_\_\_\_

> REJECTED: Return To:

P.O. Box 150, Painesville. Ohio 44077

Phone: 1-800-536-9343 Fax: 440-352-8349

\_\_\_\_\_ Credit Manager

APPROVED BY:

ACCOUNT NUMBER \_\_\_\_\_

APPROVED/REJECTED FOR WHAT REASON(S):

## R. W. SIDLEY, INC.

## **Credit Disclosure Policy**

All purchases on a charge basis from R. W. Sidley, Inc. are subject to the following terms:

Invoices are due 30 days from the date of the invoice.

III voices a	are due 50 days from the date of the invoice.
invoices f	n to the standard 30 day terms, you can choose a special once a month due date option. All for a given month will have the due date of the 20th day of the following month. Please our preference for this once-a-month due date option by checking here:
Ch	neck if you would like to receive monthly statements in addition to the invoices.
percentage month. Ir	ue invoices are subject to a 2% per month interest charge, which is equivalent to an annual errate of 24%. Interest will be calculated on any past due balance at the close of each the event your account becomes past due for any reason you will be liable for any and all rred by R. W. Sidley, Inc. to collect the debt.
Job Num	bering System
cost accouraceive fo number, v	o provide a special job-accounting service for our customers and to help your job-by-job anting, we have computerized all invoices to identify your job number on each invoice you reach purchase you make. Our computer will use your job number or we can assign a job whichever you prefer. Please indicate to our dispatcher which job numbering method you the time you place the order. (Either your job number or a number assigned by our computer will use you place the order.)
Another o	ption is to have one invoice with your various jobs listed on the same invoice.
the appro	quire a purchase order number be assigned for each purchase, please indicate by checking priate box. Your account will be flagged for the purchase order option. Each purchase be billed on a separate invoice.
OR OR	I request that my account be set up for the special job numbering system. I will indicate to the dispatcher at the time of placing the order, if I wish to use my job number, or if I wish for Sidley's to assign the job number. I understand I will receive a separate invoice for each job number for the purchases made for the week being billed.
	I request that my account be set up for all jobs to print on one invoice for the purchases made in the week. I understand that I will receive one invoice for all jobs for a given week.
OR	
	I request that my account be set up to require purchase order numbers for each purchase I understand that all sales tickets with the same purchase order number will be grouped together on one invoice for the purchases made in the week.
We thank	you for the opportunity to serve you as a preferred customer.
The under	rsigned gives R. W. Sidley, Inc. authorization to make the necessary credit inquiries:
	Signature:
	Please type or print:
	Name:
	Street Address:
	City, State, Zip Code:
	Talanhana Number

Fax Number: