

7176 State Route 88
Ravenna, Ohio 44266
Phone: (330) 298-2222
Fax: (330) 298-9733

650 Rt. 20 East
Norwalk, Ohio 44857
Phone: (419) 668-4857
Fax: (419) 663-5633



For Office Use Only:
Customer #: _____ Terms: _____
Level #: _____ Sales Rep: _____

CREDIT APPLICATION

BILL TO:

SHIP TO:

Legal Name of Business

DBA (doing business as) Name

Billing Street Address

Shipping Address

City, State and Zip Code

City, State and Zip Code

Billing Office Phone #

Phone #

Billing Office Fax #

Fax #

Account Payable Contact

E-mail address

If LESS THAN ONE YEAR in state, please give previous address:

Legal Name of Business

Previous Billing Street Address

Previous City, State and Zip Code

BUSINESS INFORMATION:

New Owner: Yes _____ No _____ Purchase Date: _____ Length of Time in Business: _____ yrs.

Corporation _____ Partnership _____ Proprietorship _____ (please check one)

Tax ID# _____

Complete the following information for ALL Corporate Officers, General Partners, or an Individual Proprietor

Full Name (including middle initial) and Title

Full Name (including middle initial) and Title

Social Security No. Phone #

Social Security No. Phone #

Home Address

Home Address

City, State and Zip Code

City, State and Zip Code

Have you or any of the other principals participated in either a corporate or personal bankruptcy in the last five years?

Yes____ No____ If Yes, under what name?_____

Have you ever been a customer of Sirna and Sons Produce under a different name or address?

Yes____ No____ If Yes, under what name?_____ When?_____

Address:_____ City:_____ State:_____ Zip Code:_____

BANKING INFORMATION:

Account Name

Account Number

Bank Name

Type of account (ex. Checking, Savings, Loan)

Branch Location

Bank Phone #

Bank Contact Name:

BUSINESS REAL ESTATE:

Is property: ____Owned ____Mortgaged ____Leased Owner/Lessee name:_____

Property mortgaged/leased from: Name:_____

Address:_____

Contact:_____ Telephone #: _____

TRADE REFERENCES:

Trade Reference

Trade Reference

Address

Address

City, State, Zip Code

City, State, Zip Code

Phone # Fax #

Phone # Fax #

Contact

Contact

Account Number

Account Number

Terms Requested: (please check one)

- ____ C.O.D.....
- ____ Net 14 days.....
- ____ Net 30 days.....

- Invoices are due AT TIME OF DELIVERY
- Invoices are due 14 days after delivery date.
- Invoices are due 30 days after delivery date.