



# CREDIT APPLICATION

WAGNER TOOL RENTAL OF JACKSON  
192 TWIN OAK DRIVE  
JACKSON, OH 45640  
PH. 740-286-8665 FAX 740-286-3262

CREDIT MGR: CAROL MCCORKLE  
PHONE: 740-286-8665

NAME OF FIRM \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ YRS. AT THIS LOCATION \_\_\_\_\_

HEREBY APPLIES FOR CREDIT IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF WAGNER RENTAL & SUPPLY  
NEW BOSTON, OH--JACKSON, OH.--CHILLICOTHE, OH.--ASHLAND, KY.

### OUR TERMS ARE NET 10<sup>TH</sup> OF THE MONTH FOLLOWING THE INVOICE DATE

PLEASE PROVIDE THE FOLLOWING INFORMATION:

CORP. \_\_\_\_\_ FEDERAL ID# \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_

#### NAMES OF PRINCIPALS:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

BANK \_\_\_\_\_ ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

#### BUSINESS REFERENCES:

FAX NUMBERS MUST BE INCLUDED FOR CREDIT APPLICATION TO BE PROCESSED.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

ALL SALES ARE TAXABLE UNLESS TAX EXEMPTION CERTIFICATE HAS BEEN SUBMITTED.

BY SIGNING BELOW, I UNDERSTAND A FULL CREDIT INVESTIGATION WILL BE DONE AND I WILL BE RESPONSIBLE FOR THIS ACCOUNT. I ALSO UNDERSTAND YOUR CREDIT TERMS AND AGREE TO PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT. I CERTIFY ALL INFORMATION ON THIS FORM IS CORRECT.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ DATE \_\_\_\_\_

#### OFFICE USE ONLY:

VERIFIED BY \_\_\_\_\_ CREDIT APPROVED \_\_\_\_\_ LIMIT \_\_\_\_\_