



7250 Northfield Rd #3 • Walton Hills, OH 44146 • Phone (440) 232-3333 • Fax (440) 232-3500
 4125 Port Union Rd. • Fairfield, OH 45014 • Phone (513) 881-4580 • Fax (513) 881-4582
 330 Weaver Road • Florence, KY 41042 • Phone (859) 594-4150 • Fax (859) 594-4161

REQUEST FOR CREDIT

Company Name: _____ D/B/A: _____
 Principals: _____ Years in Business _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ County: _____
 Phone No.: _____ Fax No.: _____
 Accounts Payable Contact: _____ Federal I.D. # _____

BANK REFERENCE

FINANCE COMPANY

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone No.: _____	Phone No.: _____
Fax No.: _____	Fax No.: _____
Contact: _____	Contact: _____
Account No.: _____	Account No.: _____

TRADE REFERENCE

Name	Address	Phone/Fax
		Phone ()
		Fax ()
		Phone ()
		Fax ()
		Phone ()
		Fax ()
		Phone ()
		Fax ()
		Phone ()
		Fax ()

Information Supplied By: _____

 Signature/Title Print Name

**NOTE: Above signature must be that of a corporate officer, partner, or sole proprietor in order to process this application
 IF YOU ARE TAX EXEMPT, PLEASE ATTACH A COPY OF YOUR EXEMPTION CERTIFICATE**

CREDIT AGREEMENT

Any misrepresentation in this Agreement will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorizing CWS, Inc. to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed upon and agrees to pay a service charge of 1 ½% per month (18% annual) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

(Name of Business)

(Print Name) (Title) (Signature)

(Print Name) (Title) (Signature)

Above signature must be that of a corporate officer, partner, or sole proprietor in order to process this application

PERSONAL GUARANTEE

In consideration for CWS, Inc. extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to CWS, Inc. by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between CWS, Inc. and the business. CWS, Inc. shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance, which may be extended by CWS, Inc.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail return receipt requested, is received by CWS, Inc. Said notice shall specify the date on which this guaranty is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date: _____ Name: _____
(Name of person guaranteeing payment, **NO TITLE**)

Home Address: _____

Home Phone # () _____ Social Security # _____

Signature of person guaranteeing payment: _____

Name of business whose account is guaranteed: _____