

Mail To:
Ohio Valley Supply Inc.
Attn: Credit Department
2700 Commerce Circle
Trafford, PA 15085



SALES REP: _____ DATE: _____

CONFIDENTIAL CREDIT APPLICATION

Company: _____ Corporate/Partnership/Proprietor (circle one)
Address: _____ Date Established: _____
City/State/Zip: _____ Tax Exempt: Yes No
Phone: _____ Fax: _____ If yes, Attach Exempt Form
Email Address: _____
Name of Owner(s) or Principal Officer: _____
Address: _____ City: _____ State: _____ Zip: _____
Name of Bank: _____ City: _____ State: _____ Zip: _____
Phone: _____ Account #: _____
Federal I.D. #: _____

APPLICANT

Ohio Valley Supply, Inc. payment terms are Net 25th. This means any material bought in a given month is due by 25th of the following month.
The undersigned agrees for the applicant to pay invoices in accordance with the payment terms above. The undersigned further agrees, for the applicant, to pay costs of collection of any past due balances including thirty percent (30%) attorney fees, and interest at the rate of eighteen percent (18%) per annum on all amounts past due. If the applicant is a corporation, the person signing the application behalf of the applicant warrants that he is authorized to do so. If the applicant is not a corporation at the time of this application, and subsequently incorporates his business with or without the knowledge of Ohio Valley Supply, Inc. the applicant agrees to be jointly and severally liable to Ohio Valley Supply, Inc. for any indebtedness incurred by or transferred to such corporation. This credit application shall be governed by Pennsylvania Law and the undersigned, as well as any guarantor irrevocably agree to submit venue and jurisdiction in Pennsylvania as to any disputes relating (in any way) to this credit application.
This Credit Application contemplates multiple sales of a variety of materials for incorporation by applicant into one or more improvements located on one or more subdivided or otherwise legally distinct lots, parcels or units of real property. Applicant agrees that, on the basis of information provided by the applicant, Ohio Valley Supply, Inc. may designate on the invoice for all materials sold on credit to applicant the lot, unit or parcel into which the material was incorporated and that such designation shall be conclusive and binding as to the use of such material unless applicant provides to Ohio Valley Supply, Inc. in writing a correction of such designation within fifteen (15) days from the date of such invoice. Applicant further agrees that all sales designated as aforesaid to a particular lot, unit or parcel from the first sale to the last sale, shall be deemed to be part of one supply contract for any lien or collection rights against such lot, unit, or parcel and of other rights of collection such sales.
I authorize Ohio Valley Supply, Inc. to make whatever credit inquiries necessary to proces this credit application. Any purchase by the applicant shall constitute acceptance of terms as written.

Name (Print): _____ Title (Print): _____
Signature: _____ Date: _____
(Signer must be an officer of the company.)

PERSONAL GUARANTEE

The undersigned guarantor hereby, jointly and severally, personally unconditionally guarantees payment of total sum due for account indebtedness incurred by Applicant and attorney fees and court costs incurred in enforcing the Guaranty. The attorney's fees for enforcing Guaranty shall be calculated at thirty percent (30%) of the principal indebtedness and accrued interest under Guaranty. This is continuing Guaranty and until revoked shall cover all future indebtedness of applicant.
Guarantor Name (Print): _____ Signature: _____
Address of Guarantor: _____ Social Security #: _____
Co-Owner of Assets (Print): _____ Signature: _____
Address of Co-Owner: _____ Social Security #: _____

SUPPLIER REFERENCES

1. Name of Reference: _____

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

Phone: _____ Account #: _____

2. Name of Reference: _____

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

Phone: _____ Account #: _____

3. Name of Reference: _____

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

Phone: _____ Account #: _____

PERSONAL REFERENCES

1. Name of Closest Relative: _____

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

Phone: _____ Contact Person: _____

1. Name of Bonding Company: _____

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

Phone: _____

1. Other: _____

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

Phone: _____

Trafford
2700 Commerce Circle
Trafford, PA 15085
412-646-1936

Meadow Lands
313 Country Club Dr
Meadow Lands, PA 15347
724-222-8079