

**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