Internal Use Only
Acct:
CSR:
Sales:

300 Phillips Avenue – Toledo, OH 43612 – 419-720-0285

CREDIT APPLICATION

Company Name_____ Buying Group_____

Billing Address _____ City _____ State _____ Zip_____

Phone Number _____

Shipping Address _____ City _____ State _____ Zip _____

Email for Invoices _____ A/P Contact _____

A/P Contact Email _____ A/P Phone Number_____

Estimated Monthly Purchase _____ Credit Amount Requested _____

Type of Business _____ Date Established_____ No. of Employees_____

Type of Entity: □Proprietorship □Partnership □Corporation □LLC □Other: _____

If Incorporated: State of Incorporation _____ Year of Incorporation _____

Federal Tax ID # _____ State Tax ID # _____

Key Management Members & Owners	Title	Phone Number

Name of Bank _____ Account Number _____

Address _____ City _____ State_____ Zip _____

---- TRADE REFERENCES – provide 4 references below including email addresses ----

Company Name_____ Company Name_____

Acct #_____ Phone_____ Acct #_____ Phone_____

Email_____ Email_____

Company Name_____ Company Name_____

Acct #_____ Phone_____ Acct #_____ Phone_____

Email_____ Email_____

The above information is provided for the purpose of extending credit to our company. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decision. We authorize our bank and suppliers to provide any information necessary to complete your evaluation of our credit history.

Signature _____ Title _____ Date_____

Our invoice terms are generally Net 30 days. We charge 1.5% interest per month on all past due accounts. Customers are responsible for all costs related to the collection of any past due balances, including all court costs, attorney fees and filing fees. We reserve the right to take a purchase money security interest in all merchandise delivered to you from our company.

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Dear ITI Customer:

Pursuant to the Sales and Use Tax regulations of your state, please execute and return this letter, which is a blanket certificate of exemption, indicating that the goods and/or services you will purchase from us, now and in the future, are not taxable.

Blanket Certificate of Exemption

I hereby certify that all goods and/or services purchased from **International Tableware Incorporated,** tangible or intangible, are not subject to any Sales or Use Tax, by reason of the following intended uses (please check one):

☐ It is purchased for RESALE in the same form.

☐ It is purchased to become an ingredient or component part of, or be incorporated into, used or consumed in a manufactured, processed or fabricated product of tangible personal property produced for ultimate sale at retail.

This certificate shall continue in force until revoked and shall be considered a part of every order given to **International Tableware Incorporated** unless the order specifies otherwise. If for any reason property is purchased free of Sales or Use Tax pursuant to the issuance of this certificate, and is later used for a taxable purpose, the tax will be reported by your company as a Use Tax.

Company Name_____

Address_____

City_____ State_____ Zip_____

Signature of Purchaser_____

Title_____ Date_____

Vendor or Tax I.D.# _____