

# The A. Louis Supply Company

5610 Main Avenue, Ashtabula, OH 44004  
P: (440) 997-5161 E: sales@alouissupply.com  
www.alouissupply.com



## APPLICATION FOR OPEN ACCOUNT

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
Organization Type: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation  
Type of Business: \_\_\_\_\_ SIC#: \_\_\_\_\_

### For Corporations

Corporation Name: \_\_\_\_\_ Federal ID #: \_\_\_\_\_ - \_\_\_\_\_  
Name of Account Payables Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
Names of Purchasing Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
Corporate Officers: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_ Title: \_\_\_\_\_

### For Partnerships or Sole Proprietorships

Owner/General Partner: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

### Purchasing Information

Names of Authorized Purchasers (If Restricted): \_\_\_\_\_  
\_\_\_\_\_

Is Purchase Order # Required? Y or N Are Purchases Subject to State Sales Tax? Y or N  
If Yes, Taxing State: \_\_\_\_\_ If No, Tax Exempt #: \_\_\_\_\_

### Shipping Information (If different from business information)

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
Shipping Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Shipping Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Open Account Credit Amount Requested: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your signature on this document implies acceptance of terms and conditions on the second page of the application.

**\*\*Submit completed application to sales@alouissupply.com\*\***

*Adhesives, Sealants, & Tapes; Cutting Tools & Abrasives; Electrical Equipment; Hose and Hose Fittings; Hydraulic and Pneumatic Fittings; Janitorial, Paper, and Office Supplies; Light Bulbs and Light Fixtures; Lubricants and Industrial Paints; Pipe, Flanges, and Fittings; HVAC and Plumbing Supplies; Pumps; Safety Products; Steam and Filter Products; Hand and Power Tools; Power Transmission Products; Underground Utility Supplies; Valves & Actuators*

Member of:



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## Credit References:

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Account #: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Account #: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Account #: \_\_\_\_\_

## Bank References

Name of Bank: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Checking Acct. #: \_\_\_\_\_ Loan #: \_\_\_\_\_

## TERMS AND CONDITIONS

Until credit is approved, all orders must be prepaid. All open account privileges will be revoked if credit terms are not met. Customer agrees to pay all invoices within stated invoice terms and is subject to service charge of 1-1/2% per month, based on an annual interest percentage of 18% on all overdue or delinquent balances. In the event any account is placed for collection, customer shall pay all collection costs, court costs, and interested related to the delinquent account. Customer agrees that credit application be deemed made in and controlled by Ohio Law. Customer certifies that all information provided above is accurate and correct. Customer has read, understands, and agrees to be bound by the terms and conditions set forth above in return for credit being extended.

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## FOR OFFICE USE ONLY

Credit Manager's Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved Credit Limit: \$ \_\_\_\_\_ Default Payment Type: \_\_\_\_\_  
Applicant Notified By: \_\_\_\_\_ Date: \_\_\_\_\_  
Manager's Review: \_\_\_\_\_ Date: \_\_\_\_\_ Sales Rep. # \_\_\_\_\_  
Customer # Assigned: \_\_\_\_\_ Date Entered: \_\_\_\_\_ By: \_\_\_\_\_

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Member of:

