

CREDIT APPLICATION FORM

Please fill out this application completely. Fields marked with a (*) are required information to process your application.

Please Submit Application to:
Email: CreditApp@cranel.com
Fax: (614) 431-8388
Phone: (614) 431-8000

General Business Information *(Complete all fields.)*

Legal Business Name

*
* Street Address: _____
* City: _____ * State: _____ * Zip: _____
* Phone #: () - _____
* Fax #: () - _____

Parent/Affiliated Companies (if applicable)

Street Address: _____
City: _____ State: _____ Zip: _____
Phone #: () - _____
Fax #: () - _____

* Federal Tax ID #: _____ * Dun & Bradstreet ID #: _____ DBA, if any: _____

(Note: If applicable, copy of reseller or tax exemption certificate required.)

* Type of Business: ☐ Individual ☐ Partnership ☐ Corporation

Credit Requested \$: **\$0.00**

Years in Business: _____ Year of Inc.: _____ State of Inc: _____

Are Purchase Orders Used? ☐ Yes ☐ No

* Name of person responsible for approving invoices: _____ * Email Address: _____

* Name of person responsible for paying invoices: _____ * Email Address: _____

Name of Owners, Partners, or Officers and Titles if Incorporated

(Complete all fields and provide at least one owner, partner or officer.)

* Name: _____	Name: _____
* Title: _____	Title: _____
* Phone #: () - _____	Phone #: () - _____
* Email: _____	Email: _____
* Social Security #: _____	Social Security #: _____

Trade Reference Information *(Complete all fields and provide at least two references.)*

* Name: _____	Name: _____
* Contact Person: _____	Contact Person: _____
* Address: _____	Address: _____
* City: _____ * State: _____ * Zip: _____	City: _____ State: _____ Zip: _____
* Phone #: () - _____	Phone #: () - _____
* Fax #: () - _____	Fax #: () - _____
* Account #: _____	Account #: _____
* Credit Limit: \$0.00	Credit Limit: \$0.00

* Name: _____	Name: _____
* Contact Person: _____	Contact Person: _____
* Address: _____	Address: _____
* City: _____ * State: _____ * Zip: _____	City: _____ State: _____ Zip: _____
* Phone #: () - _____	Phone #: () - _____
* Fax #: () - _____	Fax #: () - _____
* Account #: _____	Account #: _____
* Credit Limit: \$0.00	Credit Limit: \$0.00

Bank Reference Information *(Complete all fields and provide at least one reference.)*

* Bank Name:	_____	Bank Name:	_____
* Contact Person:	_____	Contact Person:	_____
* Address:	_____	Address:	_____
* City:	* State: * Zip:	City:	State: Zip:
* Phone #:	() -	Phone #:	() -
* Fax #:	() -	Fax #:	() -
* Checking Account #:	_____	Checking Account #:	_____
* Savings Account #:	_____	Savings Account #:	_____
* Loan Officer:	_____	Loan Officer:	_____
* Loan #:	_____	Loan #:	_____

This application is submitted for the purpose of obtaining credit with Cranel, Incorporated and is warranted to be true. By signing this application the undersigned acknowledges that he/she is authorized to execute this application and to obligate the company to make payment in full for all amounts due according to invoice on or before the net due date. Additionally, the undersigned will be responsible for all collection costs and attorney fees, with or without lawsuit, in order to collect any delinquent moneys. The undersigned hereby authorizes Cranel, Incorporated to make such inquiries (corporate/personal) as are necessary to obtain credit information and authorizes the bank(s) of record to release information regarding accounts.

Signature of Authorized Owner, Partner or Corporate Officer Required.

Please include current financial statements. Personal financial statements for all owners/officers must be furnished for companies in existence less than two years. Upon credit approval, the undersigned agrees to terms of **NET 30 DAYS**.

Signature of Owner, Partner or Corporate Officer

Date

Printed Name of Signer

Title

BLANKET SALES TAX EXEMPTION CERTIFICATE

(MULTI-JURISDICTION)

Please Submit Application to:
Email: CreditApp@canel.com
Fax: (614) 431-8388
Phone: (614) 431-8000

Issued to: **Canel, Incorporated**
8999 Gemini Parkway
Columbus, OH 43240

* Name of Firm (Buyer): _____
* Street Address or P.O. Box Number: _____
* City: _____ * State: _____ * Zip: _____
* Buyer is Engaged as a Registered: ☐ Wholesaler ☐ Retailer ☐ Lessor ☐ Manufacturer
☐ Other: _____

and is registered with the below listed state(s) where your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

<u>State</u>	<u>Registration #</u>	<u>State</u>	<u>Registration #</u>	<u>State</u>	<u>Registration #</u>
AL	_____	MA(*)	_____	PA	_____
AR	_____	MD	_____	RI(*)	_____
AZ	_____	ME	_____	SC	_____
CA(*)	_____	MI	_____	SD(*)	_____
CO	_____	MN	_____	TN(*)	_____
CT(*)	_____	MO	_____	TX	_____
DC(*)	_____	MS(*)	_____	UT	_____
FL(*)	_____	NC	_____	VA	_____
GA	_____	ND	_____	VT	_____
IA	_____	NE(*)	_____	WA	_____
ID	_____	NJ	_____	WI(*)	_____
IL	_____	NM	_____	WV	_____
IN	_____	NV	_____	WY	_____
KS	_____	NY	_____		
KY	_____	OH	_____		
LA	_____	OK	_____		

(*) If you are registered in these states, we will need a copy of that State Certificate attached with this application.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provides or informs the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the state.

General Description of Products to be Purchased from Seller:

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

* Authorized Signature: _____

* Title: _____ * Date: _____