

AKRON BEARING CO.
APPLICATION FOR A BUSINESS
ACCOUNT



GENERAL BUSINESS INFORMATION

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Website:

Sole proprietorship: _____

Partnership: _____

Corporation: _____

Other:

Industry / line of business:

Purchasing contact(s):

Phone number:

Email:

Purchasing contact(s):

Phone number:

Email:

Preferred **invoice** delivery method

_____ Paper

_____ Email

Address:

Preferred **statement** delivery method

_____ Paper

_____ Email

Address:

Other Locations:

Address

City, State Zip

Phone number

Name of manager

Tax status:

Exempt* _____

Not exempt _____

*IF YOU ARE EXEMPT FROM SALES TAX, PLEASE INCLUDE A SIGNED STATE OF OHIO EXEMPTION FORM

IF YOU ARE REQUESTING OPEN CREDIT WITH TERMS, PLEASE FILL OUT THE NEXT PAGE

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BUSINESS AND CREDIT INFORMATION

Primary business address:

City:	State:	ZIP Code:
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How long at current address?

Telephone:	Fax:	E-mail:
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Bank name:

Bank address:	Phone:
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City:	State:	ZIP Code:
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Contact name:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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Type of account:

Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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Type of account:

Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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Type of account:

AGREEMENT

1. With approved credit, all invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize AKRON BEARING CO. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE

Title:	Date:
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