



**B U C K E Y E**  
 S h a p e f o r m

555 Marion Road  
 Columbus, OH 43207  
 1-800-728-0776  
 Phone 614-445-8433  
 Fax 614-445-8224  
 info@buckeyeshapeform.com

**CREDIT APPLICATION**

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Purchasing Contact \_\_\_\_\_ Accounting Contact \_\_\_\_\_

Y N  
 Are you incorporated? \_\_\_\_\_ What State \_\_\_\_\_ Year \_\_\_\_\_

Principal Officer Name \_\_\_\_\_ Title \_\_\_\_\_

**Bank Reference**

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Trade References**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

TERMS AND APPLICATION FOR CREDIT: We hereby agree that the Buckeye ShapeForm terms are **1% 10, NET 30** days from date of invoice, with interest charges at 1½ percent per month on all accounts past due.

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

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_