



ORRVILLE TRUCKING & GRADING CREDIT APPLICATION

Phone: (330) 682-4010 | Fax : 330-682-4457 | Email: accounting@orrvilletrucking.com |
Remit Checks to P.O. Box 220, Orrville, OH 44667

Date: _____
Account #: _____
Company Name: _____
Owners Name: _____ Contact Name: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax #: _____
Cell Phone: _____
E-mail address: _____
Federal ID or Social Security: _____

Bank Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Bank Officer Name: _____
Bank Account: _____
Type of Account: () Checking Account () Commercial Loan

Terms of Agreement

The undersigned shall comply with the terms of the sale, which is payment in full no later than the 10th of the month following purchase. It is also understood that a late payment penalty of 2% per month (24% annually) will be applied on the unpaid balance. It is further understood that any collection fees incurred by us will be paid directly by the applicant, these include court fees, attorney fees, and any other fees deemed necessary to collect outstanding balances. If paying by credit card, I understand that I must pay in accordance to the agreement I entered into at the time the card was issued, and to the terms of any subsequent agreement.

Signature _____ Date _____

Guaranty

In consideration for Orrville Trucking & Grading Co. extending credit to the above-named Company, I hereby unconditionally, absolutely, and irrevocably guarantee to Orrville Trucking & Grading Co., the full and prompt payment and satisfaction when due of all amounts owed by the above-named Company to Orrville Trucking & Grading Co., including, without limitation, all fees and interest. This is a continuing guaranty of payment, and not merely of collection.

Signature _____ Date _____



ORRVILLE TRUCKING & GRADING CREDIT APPLICATION

Trade References

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____