



APPLICATION FOR CREDIT

DATE: _____

BUSINESS INFORMATION

COMPANY NAME ADDRESS (SHIPPING)					PURCHASING CONTACT				
Company Name:					Name:				
Address:					Title:				
City:					Department:				
State/Province:					Phone #				
Zip/Postal Code:					Fax #				
Web Site Address:					E-Mail:				
General E-Mail:									
<input type="checkbox"/> Check Here If It Is OK To Add A Link To Your Site From Our Web Site.									
DUNS #			Tax I.D. #		Preferred Method Of Shipping				
					UPS Account #				
PST License # (CANADA)			GST # (CANADA)		LTL Provider:				
BILLING ADDRESS (If Different From Above)					ACCOUNTS PAYABLE CONTACT:				
Address:			P.O. Box		Name:				
City:					Phone #				
State/Province:					E-Mail:				
Zip/Postal Code:					Fax #				
TRADE REFERENCES									
(1) COMPANY NAME ADDRESS & PHONE			(2) COMPANY NAME ADDRESS & PHONE			(3) COMPANY NAME ADDRESS & PHONE			
Company Name:			Company Name:			Company Name:			
Address:			Address:			Address:			
City:			City:			City:			
State/Zip			State/Zip			State/Zip			
Phone Number:			Phone Number:			Phone Number:			
Fax Number:			Fax Number:			Fax Number:			
Contact Name:			Contact Name:			Contact Name:			
BANK REFERENCE									
Bank Name:									
Account #:									
Address:			P.O. Box	City:			State/Province		Zip/Postal Code
Phone Number:					Fax Number:				
Contact Name:									
OTTAWA PRODUCTS CO. TERMS: NET 30 - F.O.B. OUR DOCK CURTICE, OHIO 43412									
Additional Information:									