



Application for Credit

Do not write in this space:

Ref. ckd by: _____

Ref. results: _____

Credit approved by: _____

Credit refused by: _____

PLEASE RETURN TO: The Left Side, Attention: Credit Dept.
437 Hopewell Drive Powell, OH 43065
Phone: 614-785-9821 Fax: 614-785-9819
www.theleftside.com

FOR NET 30 DAYS

| | | |
|---|--------------|---|
| Name of Firm or Individual Applying for Credit _____ | | Years at this address _____ |
| Address _____ | | Area Code/Phone _____ |
| City, State, and Zip Code _____ | E-mail _____ | Area Code/Fax _____ |
| Accounts Payable Contact _____ | | Area Code/Phone if different from above _____ |
| Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Dun & Bradstreet # _____ Rating _____ | | |
| Ohio Customers: Tax Exempts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a copy of your Blanket Certificate of Exemption must be submitted | | |

OWNERSHIP:

Corporation Check here if incorporated within the past 12 months Partnership Individual

1. Name(s) of Principals _____ Complete Address _____ Zip _____ Area Code/Phone _____
2. _____

FINANCE:

Bank Name and Complete Address _____ Zip _____ Area Code/Phone _____ Checking Acct. # _____

Contact _____ Area Code/Phone if different than above _____

REFERENCES:

1. Business Name _____ Complete Address _____ Zip _____ Area Code/Phone _____ Area Code/Fax _____
2. Business Name _____ Complete Address _____ Zip _____ Area Code/Phone _____ Area Code/Fax _____
3. Business Name _____ Complete Address _____ Zip _____ Area Code/Phone _____ Area Code/Fax _____

CUSTOMER AGREEMENT:

We certify that all the information on this form is correct. We fully understand you credit terms of NET 30 DAYS and agree to pay within these terms in consideration for extended credit. We authorize the above noted references to release information to The Left Side for purpose of establishing credit.

Date: _____ Signed: _____ Title: _____



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UNDERSTANDING HOW WE WORK:

OUR MINIMUMS: We have a \$100 minimum.

CONTACTING US: Our office hours are 10:00 a.m. to 5:00 p.m. eastern standard time, Monday through Friday. Call, Fax, or Email us at your convenience. At other times, your call is answered by voice mail and we'll call back (generally) within one business day.

CREDIT LIMIT: Each approved new account is assigned a credit limit of \$500.00 - \$1500.00 based on credit history. We also accept all Visa and Mastercard.

INVOICES: Our invoices are itemized and explain fully all charges on your order. All shipping charges incurred are included on the invoice as well.

PAYMENT TERMS: OUR PAYMENT TERMS ARE NET 30 DAYS. Please pay promptly to assure maintaining your open credit status.

PAST DUE ACCOUNTS: If payment will be delayed for any reason, please notify us and we will work with you. Accounts more than 60 days past due will incur a 2% late charge per month and repeated late payments will result in restrictions of open credit privileges.

PLEASE CALL US REGARDING ANY QUESTIONS OR CONCERNS. WE VALUE YOUR BUSINESS AND WANT TO AVOID ANY POTENTIAL PROBLEMS BEFORE THEY ARISE. WE, GENERALLY, REQUIRE A CREDIT CARD BACK-UP IN THE EVENT THAT YOUR 30 DAY COMMITMENT CANNOT BE MET.