

# Essco • 1933 Highland Rd. Twinsburg, OH 44087 Phone - 216.524.4141 Fax - 216.524.4142

## **CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

### **BUSINESS CONTACT INFORMATION**

Company Name:				
	Stat			
•	s:	•		
•	Fax: Email:			
	(send with application) Date Business Established:			
	Partnership: 🗆 Corp			
Owner, Partner or Offi	•			
•				
	C			
	Cell Phone #			
	CREDIT INFO	ORMATION		
(for Credit Ca	rd Terms - Skip this section and o	complete the Credit Ca	rd Authorizatio	n Form)
Type of Credit desired:	COD - Company Check	] Open Account □	Credit Card [	<b>3</b>
Estimated monthly pur	chases with Essco:			
Bank Name				
Bank Address:City		City	State	Zip
Bank Phone #	Bank Fax	× #		-
Checking	Accoun	t number		
•	Accoun			
Owner, Partner or Offi				
Name:				
	City			
	Phone #			
	BUSINESS / TRAD	TE DECEDENCES		
(m	nust be filled out for COD-Compa		ount Terms)	
Address:				
City		State	Zip	
Phone:	Fax:	Email:		
Company Name:				
Address:				
•			•	
Phone:	Fax:	Email:		
Company Name:				
City		State	Zip	
Phone:	Fax:	Email:		



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## **CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

What T	ype of Dealership are you?				
	☐ Established Dealer				
	Start Up Dealer				
	Internet/Ecommerce Dealer				
Which	product categories are you interested in? (check a	ll that apply)			
	List Brands of Interest				
	Vacuum Parts				
	Vacuum Accessories				
	Air Purifiers				
	Cleaners/Spot Removers				
	Home Care				
	☐ Other				
Website domain or ecommerce name					
How did you hear about Essco?					
Who do you currently buy from?					
Would you like website access? Yes □No □ If so, what you like to use as a password?					
AGREEMENT					
2. Having for any community of the second of	g applied for credit with Essco, I agree to maintain my accour ollection or interest costs should my account become delinqu greement shall be construed and interpreted and the rights o ny suit, action or other legal proceeding arising out of this Agr ummit County, Ohio. Each party hereto waives all rights to tri	nto the banking and Businesss/trade references that I have supplied. It according to the payment terms established and I will remain liable upent.  If the parties determined in accordance with the laws of the State of eement shall be brought in a court of competent jurisdiction located all by jury of any claims of any kind arising under or relating to this			
	ersigned person, jointly and severally with the business organize nd the benefit of its administrators, successors and assigns th	ration applying for a business account, guarantees to Essco for its are full and prompt payment of all amounts payable to Essco.			
Jointly ar	nd severally				
Signatu	ure	Signature			
	lame	Print Name			
Title		Title			
Date		Date			