



CUSTOMER CREDIT APPLICATION

Customer Name _____

Subsidiary Name or DBA _____

Bill to Address _____
Street or P. O. Box City State Zip

Ship to Address _____
Street City State Zip

Accounts Payable Contact _____ Phone _____

E-mail address _____ Fax _____

Name(s) of Business Principle(s) _____ Title _____

_____ Title _____

_____ Title _____

Organization Structure Corporation Partnership Individually owned

Federal Tax ID # _____

Tax Status: Taxable Tax Exempt (please return exempt form)

Principal Product or Service _____

How many years in business? _____ Number of years at this location? _____

Annual Sales volume _____

Estimate of annual purchases from Greto _____

Line of Credit being requested _____

Please return completed forms to: Greto Corporation
Attn: Controller
P. O. Box 1609, Lima, OH 45802
Phone: 1-800-274-3542
Fax: 1-888-818-6886

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For Greto use only
Salesman: _____
Date Sent: _____

TRADE REFERENCES

Please list at least three trade references with whom you are currently active:

Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

BANK REFERENCES

Bank Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Type of account ___ savings ___ checking Acct # _____

Please return completed forms to: Greto Corporation

Attn: Controller

P. O. Box 1609

Lima, OH 45802