



**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



### CUSTOMER DELIVERY REQUIREMENTS

Customer Name \_\_\_\_\_

Delivery Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_  
If different than billing address. If more than one location, please complete a form for each location.

Receiving Department Phone Number \_\_\_\_\_

Receiving Department Contact Name \_\_\_\_\_

Delivery Hours \_\_\_\_\_

Delivery Days \_\_\_\_\_

Dock Appointment Required    Yes \_\_\_\_\_    No \_\_\_\_\_

Dock Available    Yes \_\_\_\_\_    No \_\_\_\_\_

Tractor-Trailer Accessible    Yes \_\_\_\_\_    No \_\_\_\_\_

Special Requirements/  
Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_