

PLEASE FILL OUT ALL FOUR SIDES/PAGES OF THIS FORM. THANK YOU!

Congress Leather

Commercial Credit Application

4761 State Route 193
PO Box 77
Kingsville, Ohio 44048

USA and Canada
1-800-362-6911 or 1-800-321-7955
FAX : 1-440-224-0014

Open Mon. - Fri. 9:00 AM - 5:00 PM Eastern

Thank you for considering Congress Leather as a supplier. Please fill out, and return to us, the following commercial credit application, even if you are not applying for an open account as your terms of sale. We are required to have on file your tax ID number, and/or vendor number, plus the blanket certificate of exemption, for the state of Ohio.

PLEASE TYPE OR PRINT LEGIBLY.

FAXED OR EMAILED APPLICATIONS ARE NOT ACCEPTIBLE, YOU MUST MAIL US THE ORIGINALLY SIGNED APPLICATION.
YOU MUST INCLUDE PICTURES OF BOTH THE INSIDE AND THE OUTSIDE OF YOUR STORE.

DATE: _____

COMPANY LEGAL NAME: _____

TRADE STYLE - DBA : _____

BILLING/MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: Street _____

(for deliveries) CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS: Billing: _____ Shipping: _____

EMAIL ADDRESS: _____

List any additional stores below:

Store Name: _____ Store Name: _____

Retail Sq. Ft.: _____ Retail Sq. Ft.: _____

Street: _____ Street: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Phone: (____) _____ Phone: (____) _____

Do we bill the additional stores direct ? Yes ___ No ___

TAX ID and/or VENDOR NUMBER: _____ (MAIL A COPY w/APPLICATION)

TYPE OF OWNERSHIP: ___ CORPORATION ___ PARTNERSHIP ___ PROPRIETORSHIP

STATE OF INCORPORATION: _____

LENGTH OF TIME IN BUSINESS: _____

LENGTH OF TIME AT CURRENT LOCATION: _____

TYPE OF STORE: ___ WESTERN ONLY ___ ENGLISH ONLY ___ WESTERN and ENGLISH

___ FEED STORE ___ RACE TRACK ___ BOOT/SHOE STORE

OTHER (DESCRIBE) _____

NAMES OF OWNERS OR OFFICERS OF FIRM

1. Officer's Name: _____ Title: _____

Phone: (____) _____ Social Security No.: _____

Home Address: _____ Years at this address: _____

2. Officer's Name: _____ Title: _____

Phone: (____) _____ Social Security No.: _____

Home Address: _____ Years at this address: _____

How does your Company wish to do business with Congress Leather ?

C.O.D.

CREDIT CARD - We accept VISA, MASTERCARD, AMERICAN EXPRESS, OR DISCOVER.

(If you choose credit card, we will call you for the card information.)

PREPAY WITH CHECK OR MONEY ORDER.

OPEN ACCOUNT-References must, and will be, checked if you are trying for open account. Even with our best efforts, this process will take a minimum of two to three weeks; four to six weeks is often the norm. May we ship your initial order C.O.D., or using a credit card, while references are being checked ?

Yes No, Hold my order until cleared for open account.

SUPPLIER REFERENCES:

(OTHER BUSINESSES YOU ARE CURRENTLY BUYING FROM, WHETHER ON OPEN ACCOUNT, C.O.D., OR A PREPAY BASIS).

Store Name: _____
Street: _____
City: _____
State: _____ Zip: _____
Phone: (____) _____
Fax: (____) _____
Are you on OPEN ACCOUNT ? _____

Store Name: _____
Street: _____
City: _____
State: _____ Zip: _____
Phone: (____) _____
Fax: (____) _____
Are you on OPEN ACCOUNT ? _____

Store Name: _____
Street: _____
City: _____
State: _____ Zip: _____
Phone: (____) _____
Fax: (____) _____
Are you on OPEN ACCOUNT ? _____

Store Name: _____
Street: _____
City: _____
State: _____ Zip: _____
Phone: (____) _____
Fax: (____) _____
Are you on OPEN ACCOUNT ? _____

Store Name: _____
Street: _____
City: _____
State: _____ Zip: _____
Phone: (____) _____
Fax: (____) _____
Are you on OPEN ACCOUNT ? _____

Store Name: _____
Street: _____
City: _____
State: _____ Zip: _____
Phone: (____) _____
Fax: (____) _____
Are you on OPEN ACCOUNT ? _____

FINANCIAL REFERENCES AND BANKING INFORMATION

PRIMARY BANK DEPOSITORY ACCOUNT(S)

Name: _____
Street: _____
City: _____
State: _____ Zip: _____
Phone: (____) _____
Account Number(s) _____
Checking _____ Savings _____ C.D. _____ Other _____
Name of Bank Officer _____

BLANKET CERTIFICATE OF EXEMPTION

The undersigned hereby claims exemption to purchases of tangible personal property from Congress Leather on and after _____ and certifies that his claim is based upon the purchaser's proposed use of
(DATE GOES HERE)
the items purchased, the activity of the purchaser, or both, as shown hereon:

RETAIL SALES

Purchaser must state statutory reason for claiming exemption or exception

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above named vendor unless the order specifies otherwise.

Purchaser's Name

Purchaser's Activity, i.e., MFG, Public Utility, Church, etc

Purchaser's Address

By - Signature and Title

Date signed

Vendor's License, if any