



COD CREDIT APPLICATION

WWW.OHARCO.COM

8109 F Street Omaha NE 68127 402-342-4489/800-228-9460	5685 NE 16th Street Des Moines IA 50313 800-362-2474	4725 44th Street Moline IL 61265 800-447-6700
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Please print or type completely and mail original to Oharco, attn: Credit Dept, PO Box 27427, Omaha, NE 68127

COMPANY INFORMATION

Name of Business _____

Mailing Address	City	State	Zip
Shipping Address (if different)	City	State	Zip

Business Phone _____

Nature of Business	# of Employees	Date business started
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Circle one: Partnership DBA Corporation Tax ID # _____

***** If Corp, Federal ID #, if partnership, Social Security # _____

BANK INFORMATION

NAME	ADDRESS	ACCOUNT #	PHONE	FAX
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I give approval of release of information from this account _____ **XX**

The fax numbers are **VERY important**, as we fax all of our inquiries, so please include fax numbers. Thank You!

COMPANY OWNER(S)

TITLE	NAME	SOC SEC #	ADDRESS	PHONE
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HAVE YOU EVER TRADED WITH OUR COMPANY BEFORE?	YES	NO	WHEN & UNDER WHAT NAME _____	
HAVE YOU (company or personal) EVER FILED BANKRUPTCY?	YES	NO	DATE, STATE FILING NAME _____	
DOES YOUR COMPANY USE PURCHASE ORDERS AND/OR SIDEMARKS?	PURCHASE ORDERS		SIDEMARKS	BOTH
SALES TAX STATUS - ATTACH EXEMPTION FORM	EXEMPT	TAXABLE	_____	
PEOPLE AUTHORIZED TO CHARGE ON YOUR ACCOUNT	_____			

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. BY SIGNING THIS AGREEMENT I/WE ALLOW OHARCO TO CHECK MY/OUR CREDIT REFERENCES AND HISTORY BY ANY MEANS AVAILABLE, INCLUDING CREDIT BUREAU REPORTS, BANK RECORDS AND REFERENCES. FURTHERMORE I AGREE TO TERMS OF SALE AND RETURN POLICY OF YOUR COMPANY. THE ABOVE COMPANY AGREES TO PAY ALL REASONABLE COSTS, WHICH INCLUDES A SERVICE CHARGE OF 1 1/2% PER MONTH 18 % APR FOR ALL PAST DUE INVOICES, COLLECTION FEES, ATTORNEY'S FEES OF 33.5% OF BALANCE DUE AND EXPENSES INCURRED IN THE EVENT OF FAILURE OF APPLICANT TO PAY ALL OBLIGATIONS AND INDEBTEDNESS WHEN DUE

Applicant's signature attests financial responsibility, ability & willingness to pay our invoices in accordance with terms stated.

Signature	Printed Name	Title	Date
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INDIVIDUAL GUARANTEE OF PAYMENT

THE UNDERSIGNED, HEREBY BEING THE PRINCIPAL(S) OF THE ABOVE BUSINESS APPLICANT, IN CONSIDERATION OF EXTENDING CREDIT TO THE APPLICATION, JOINTLY AND SEVERALLY, INDIVIDUALLY, UNCONDITIONALLY GUARANTEE(S) PAYMENT OF ANY AND ALL PRESENT OR FUTURE OBLIGATIONS AND INDEBTEDNESS WHICH THE APPLICANT HAS INCURRED OR SHALL INCUR TO THE ABOVE COMPANY. THE UNDERSIGNED FURTHER AGREES TO PAY ALL REASONABLE COSTS, COLLECTION FEES, ATTORNEY'S FEES OF 33.5% OF BALANCE DUE AND EXPENSES INCURRED IN THE EVENT OF FAILURE OF APPLICANT TO PAY ALL OBLIGATIONS AND INDEBTEDNESS WHEN DUE.

SIGNATURE	SIGNATURE
PRINTED NAME	PRINTED NAME
SOCIAL SECURITY #	SOCIAL SECURITY #

For Oharco Use Only:

Oharco Salesman/Cust Svc. _____