2440 Dayton Xenia Rd Suite C
Beavercreek, OH 45434
Phone #: 877-877-3492Fax #: 937-426-3769
Phone #: 937-426-6301
david@listermanassoc.com

Application for Credit

Company Information:

Name: _____ Phone Number: _____
Address: _____ Fax Number: _____
_____ Payables Contact: _____
Number of Years at This Address: _____

Ownership:

Type of Business Entity: ❑ Corporation ❑ Partnership ❑ Sole Proprietorship ❑ Individual
Date Business Entity Formed: _____
Principals/Owners:

Name(s)	Complete Mailing Address(es)	Social Security #

(Please attach additional sheets if necessary.)

Credit References:

Credit Limit Desired:

Business Name	Mailing Address & Phone Number	How Long?

Bank Name & City, State: _____
Accounts Held: ❑ Checking ❑ Sav ❑ Other
Bank Officer's Name & Telephone Number: _____

I certify that all of the information provided on this form is correct, and understand that this informatio is to be used to establish a credit account with David Listerman & Associates, Inc.. I understand that the credit terms applied to this account are **Net 30 days** and that finance charges will be applied to all past due balances at a rate of **18% per annum**, and by my signature agree to abide by these terms and personally guarantee that amounts owed will be paid. I also understand that any shipments of products made prior to the approval of this credit application may be issued on a C.O.D. basis at the discretion of David Listerman & Associates, Inc..

(Must be signed by an owner or principal)

Signed: _____
Printed Name: _____
Date: _____