

Customer Details:

Name _____
Bill Address _____
City _____ State _____ Zip _____
Type of Business _____
Date _____

Accounts Payable contact:

Name _____
Title _____
Telephone # _____
Fax # _____
E-mail Address _____

Your Bank Name _____
Acct. # _____
Address _____
Person to Contact _____
Telephone # _____

Are you listed with Dun & Bradstreet? Yes No

Purchase Order No. required to authorize payment? Yes No

Are your purchases from ACO subject to Sales and Use Tax? Yes No *(If no, please enclose a current exemption certificate for all states you do business in; otherwise, ACO may be required to invoice and collect Sales and Use Tax.)*

Project Details:

Name _____
Address _____
City _____ State _____ Zip _____
Job Site Phone # _____
Fax # _____
Site Contact _____
Is this delivery address? Yes No
(If not, please provide details)
Is job bonded? Yes No
(Please provide copy of payment bond)
Is job public? Yes No
Owner/Awarding Authority _____
Address _____
Phone _____ Fax _____
Surety Name _____
Address _____
Phone _____ Fax _____

Credit requested? \$ _____

Open Account Purchase References:

1. Name _____
Address _____
Telephone # _____ Fax # _____
2. Name _____
Address _____
Telephone # _____ Fax # _____
3. Name _____
Address _____
Telephone # _____ Fax # _____

Authorized Signature _____ Date _____

The applicant agrees to venue and jurisdiction of the courts in Geauga County, Ohio, the Law of Ohio applies. Our terms are net 30 days from date of invoice. Invoices over 30 days old are subject to a 1½% per month finance charge. Applicant agrees to pay collection costs incurred for non-payment of invoices. All freight is F.O.B. shipping point.

FOR ACO USE ONLY:

Processed by: _____	Date: _____	Credit Limit: _____
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