



Cincinnati Dowel & Wood Products Co.

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APPLICATION FOR CREDIT

COMPANY INFORMATION			
NAME OF FIRM		NAME OF CONTACT	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
COMPANY WEBSITE		HOW LONG IN BUSINESS?	
OWNERSHIP			
<input type="checkbox"/> Corporation		<input type="checkbox"/> Check here if incorporated in last six months	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Individual	
		F. I. D. Number _____	
NAME(S) OF PRINCIPAL(S)		ADDRESS	
CITY	STATE	ZIP	PHONE NUMBER
NAME(S) OF PRINCIPAL(S)		ADDRESS	
CITY	STATE	ZIP	PHONE NUMBER
BANK INFORMATION			
BANK NAME	ADDRESS	CITY	STATE
BANK OFFICER OR DEPARTMENT		PHONE NUMBER	
TRADE REFERENCES			
1. _____			
COMPANY NAME	PHONE NUMBER	FAX NUMBER	
2. _____			
3. _____			

We certify that the information on this form is correct. We fully understand your credit terms and agree to the payment in consideration of extended credit.

Signature

Title

Date