

BELMONT-MAIN OFFICE
41245 Reco Road
Belmont, OH 43718
740-782-1314 * F: 740-782-1516

INDIANAPOLIS BRANCH
1315 Terminal Road
Indianapolis, IN 46217
317-781-8100 * F: 317-781-8720

FORT WAYNE BRANCH
2530 Charleston Place
Fort Wayne, IN 46808
260-255-3115 * F: 260-255-3116

PITTSBURGH BRANCH
20620 Route 19 North
Cranberry Twp, PA 16066
724-779-4646 * F: 724-779-4611

TOLEDO BRANCH
12425 Williams Road
Perrysburg, OH 43551
419-874-6001 * F: 419-874-7354

CHARLOTTE BRANCH
2023 John Crosland Jr Way
Charlotte, NC 28208
704-399-7555 * F: 704-399-7850

DAYTON BRANCH
1040 Reed Road
Monroe, OH 45050
513-539-5255 F: 513-539-5256

CLEVELAND BRANCH
2841 Brecksville Road
Richfield, OH 44286
330-659-0800 * F: 330-659-4880

COLUMBUS BRANCH
4250 Perimeter Drive
Columbus, OH 43228
614-276-0001 * F: 614-276-0676

DETROIT BRANCH
10461 Grand River Road
Brighton, MI 48116
810-225-9016 * F: 810-225-9216

CINCINNATI BRANCH
8075 Production Drive
Florence, KY 41042
859-727-7970 * F: 859-727-7974

NASHVILLE BRANCH
925 Carthage Highway
Lebanon, TN 37087
615-610-7326 * F 615-610-7327

RECO Equipment Inc. - Application for Commercial Credit

EMAIL APPLICATION TO: ar@recoequip.com

Company

Name of Business			Tax I.D. Number		
Address:			Phone:		
			Email:		
City:	State:	ZIP:	County:		
Type of Business:			In Business Since:		
Legal Form Under Which Business Operates:					
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>		Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:			In Business Since:		
Name of Company Principal Responsible for Business Transactions:			Title:		
Address:	City:	State:	ZIP:	Phone:	
Taxable: <input type="checkbox"/> Yes. If exempt, please include tax exempt certificate. <input type="checkbox"/> No Tax will be charged until an exempt certificate is on file					

Financial Information

Bank Name:	Phone No:
Checking Account #:	Contact Name
Address:	
Insurance Co :	Phone No:
Agents Name:	

Trade References (Please NO Oil Companies, Utilities or Credit Card Companies)

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:

Officers / Owners

Name-Title:	Name-Title:	Name-Title:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Soc Security No:	Soc Security No:	Soc Security No:

All invoices are due and payable according to the invoice terms. Interest will be charged on all invoices not paid by the 30th day after the invoice is due and payable, at the rate of eighteen percent (18%) per annum, or the maximum rate permitted by the state or federal law, whichever is greater. It is expressly agreed that all obligation of the parties created herein are performable in the count of Belmont, in the state of Ohio, the Main Office of RECO equipment, Inc. and the laws of the state of Ohio shall govern all transactions. Suit may be brought in Belmont County, Ohio. A failure to pay requiring suit shall entitle RECO Equipment, Inc. to the costs of suit, including it attorney's fees incurred in the collection. RECO Equipment, Inc. is authorized to investigate and obtain reports regarding this application or resulting account with credit reporting agencies and others, including personal guarantors. By signing below, signer confirms he is authorized to sign on behalf of the company.

Agreed to By (Company Name)

Date

Authorized Signature

Title

**NOTICE: THIS APPLICATION MUST BE COMPLETED IN FULL IN ORDER TO OBTAIN AN OPEN ACCOUNT
ACCOUNTS RECEIVABLE: Phone: 740-782-1314 Fax:740-782-1516**