



We fill the vacuum
Electric Sweeper Service Company

ELECTRIC SWEEPER SERVICE COMPANY
1933 Highland Road • Twinsburg, Ohio 44087
(216) 524-4141 • Fax (216) 524-4142

Company Name _____ Date Established _____

Street Address _____ Business Type Sole Owner

City _____ State _____ Zip _____ Partnership

Telephone (____) _____ Kind of Business _____ Corporation

Resale Certificate # _____

Type of credit desired: C.O.D. – Company check Credit limit under \$250
 C.O.D. – Certified check / M.O. Credit limit over \$250
 Credit Card – Visa / MC Credit limit desired _____
 Open Account

Bank Name _____ Account # _____ Type _____

Address _____ Account # _____ Type _____

City _____ State _____ Zip _____

I have maintained a satisfactory checking account with this bank for _____ years.

For sole owner/partnership, please provide the following information:

Owner's Name _____ Owner's Social Security # _____

Owner's Address _____ Owner's Driver's License # _____

City _____ State _____ Zip _____

Name of parent company, if subsidiary _____

Partners or Officers if incorporated:

Name _____ Home Address _____

Name _____ Home Address _____

Vendor References (give names of those you buy from on an open account or COD/CCA basis):

1. Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____
Acct. # _____

3. Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____
Acct. # _____

2. Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____
Acct. # _____

4. Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____
Acct. # _____

I hereby authorize my bank and business references to release any account information requested.

Having applied for credit with Electric Sweeper Service Co., I agree to maintain my account according to the payment terms established and I will remain liable for any collection or interest costs should my account become delinquent.

Signed _____ Title _____ Date _____