



The COUNTY CLASSIFIEDS

117 E. Patterson Ave., Bellefontaine, OH 43311 Mailing: (P.O. Box 596, Bellefontaine)
937-592-8847 or 1-800-236-1005

CREDIT APPLICATION FORM

This form must be completed by business owner before credit can be established with TCC.

-COMPANY ADDRESS-

Company Name: _____
Manager or Acting Agent: _____
Street Address: _____
City, State, Zip: _____
Mailing Address: _____
Telephone: _____
Email: _____

-OWNER INFORMATION-

Owner (s) Name: _____
Home Street Address: _____
City, State, Zip: _____
Home Mailing Address: _____
Home Telephone: _____
Email: _____

-GENERAL INFORMATION-

Federal Tax ID Number: _____
Company Composition: Individual _____ Partnership _____ LLC _____ Corporation _____ Sub-Chapter S Corp _____
Corporation State of: _____
Dun & Bradstreet (D&B) Number: _____
At Present Location Site Since Date: _____
Are Premises Leased?: Yes _____ No _____

-BANK INFORMATION-

Bank Name: _____ Branch Name: _____ Phone Number: _____
Bank Address: _____ City, State, Zip: _____ Type of Account: _____

-TERMS & CONDITIONS-

All accounts are COD until application has been completed, reviewed and approved.