

# APPLICATION FOR CREDIT

I/We hereby apply for credit in accordance with the terms as stated below

**Newfax Corporation**  
**Phone: 419-241-5157**

**RETURN FAX NUMBER**  
**FAX: 419-241-2018**

**Mailing Address:**  
**P.O. Box 656**  
**Toledo, OH 43697-0656**

\* THERE WILL BE A \$35.00 FEE CHARGED FOR ALL RETURNED CHECKS.

## PLEASE FILL OUT COMPLETELY

\_\_\_\_\_  
Name of Firm or Individual

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Date Business Started

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Company Contact Name

## SHIP TO ADDRESS (if applicable)

## TRADE REFERENCES

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

IF TAX EXEMPT – FEDERAL I.D. NUMBER \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT NAME & PHONE \_\_\_\_\_

**Newfax Corporation Terms of Sale: Net 30 Days from date of sale**

I/We certify that the information on this form is correct, and that we fully understand your credit terms. We further agree to the proper payment in consideration of extended credit. We agree to purchase on a cash sale basis until credit application is approved.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_