



9281 LeSaint Drive, Fairfield, Ohio 45014-5457
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 Email: dtaggart@finncorp.com

REQUEST FOR CREDIT

Company Name: _____ D/B/A: _____
 Principals: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ County: _____
 Phone No.: _____ Fax No.: _____
 Accounts Payable Contact: _____ Federal I.D. # _____

BANK REFERENCE

FINANCE COMPANY

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone No.: _____	Phone No.: _____
Fax No.: _____	Fax No.: _____
Contact: _____	Contact: _____
Account No.: _____	Account No.: _____

TRADE REFERENCES

Name	Address	Phone/Fax
		Phone ()
		Fax ()
		Phone ()
		Fax ()
		Phone ()
		Fax ()
		Phone ()
		Fax ()
		Phone ()
		Fax ()

Information Supplied By: _____
Signature/Title
Print Name

**NOTE: Above signature must be that of a corporate officer, partner, or sole proprietor in order to process this application
 IF YOU ARE TAX EXEMPT, PLEASE ATTACH A COPY OF YOUR EXEMPTION CERTIFICATE**

