







Credit Application

Creation Date	
Customer Number	

Credit Line

			d/b/a/			
	Legal Name		•			
Legal	Corporation Privately Owned ( )	State		Proprietorship (	) Duns Number	
Structure	Corporation Publicly Owned ( )	Incorporated		Partnership/LLC (	) Tax ID Number	
Officers or						
Principals	Full Name & Title	-	Full Nam	ne & Title	Full Name & Title	
	Social Security Number (Proprietorship Only)	-	Social Secu	rity Number	Social Security Number	
Accounts Payable			TELEPHONE FAX NUMBE			
	Full Name and Title of Contact	-	EMAIL ADDF	RESS		
If subsidiary						
Identify relationship Provide name and location of parent						
Taxable:	YES ( ) NO ( ) If no, exemption	n certificate	must be p	rovided		
			-		Tax Exemption Certificate Number State	
BILL TO/0	CORRESPONDENCE ADDRESS:			SHIP TO ADDR	ESS:	
*** IF COR	RESPONDENCE ADDRESS DIFFERS PL	EASE LIST	***	SHIP TO		
NAME			•	NAME		
ADDRESS:				STREET ADDRESS		
CITY/STATE & ZIP	=		•	CITY/STATE & ZIP		
α ΔΙΓ				<u>α ΖΙΓ</u>		
	PLEASE ATTAC	CH BANK A	ND THREE	E (3) TRADE REF	FERENCES	
BANK RE	FERENCE	]		TRADE REFERI		
Bank				Name		
City, State	& Zip		,	City, State & Zip		
Bank Office	•		•	Contact		
Account N	lumber		•			
	-		•			
Telephone No	umber Fax Number		•	Telephone Number	Fax Number	
As a duly authorized representative of the applicant and in consideration for credit which may be granted by Down River, the applicant agrees to make payment in accordance with the terms of sale established by Down River. Applicant also agrees that in the event of default and non-payment of their obligations to Down River, that Down River shall be entitled to all costs incurred in the collection of said indebtedness.  These costs shall include but not be limited to collection agency fees, reasonable attorney fees through any trial or appeal process, court costs and interest at the maximum interest rate applicable under State or Federal law from date the balance became due.  Your signature also authorizes Down River, AIA or Insulated Transport Products to receive credit information from your Bank and/or Trade References.						
SIGNATU	RE	TI7	TLE		DATE	
Amount of Initial Order \$ Requested Credit Line \$ Estimated Monthly Volume <u>\$</u>						
Please provide a copy of the most recent financial statements to facilitate the credit review process.						
The term of sale is Net 30.						
The financial information is to facilitate the process and be utilized solely for credit evaluation purposes.						
The information will be held in strict confidence by Down River's Credit Department						

PLEASE RETURN THIS FORM ALONG WITH YOUR TAX EXEMPTION CERTIFICATE AND FINANCIAL STATEMENTS TO:

Down River Telephone 614-653-3823 Fax: 866-513-9459

Attn: Shannon Young-Frey syoung@downriver-aia.com

Revised 2-18-2019 FORM V-1-1