



Elsmere Ironworks

600 Lytle Avenue ~ Elsmere, KY 41018 ~ Phone: (859) 727-2505 ~ Fax: (859) 727-3244

Credit Application

Company Name: _____ Phone: _____
Billing Address: _____ Fax: _____

Federal I.D. #: _____
Sales Tax #: _____
Description of Product or Service: _____

Type of Business Organization

Corporation: _____ State of INC: _____ Year: _____
President: _____ Secretary: _____
Treasurer: _____ Vice President: _____

Partnership:
Partner: _____ Partner: _____

Sole Proprietor: _____
Owner: _____

Trade References

Name: _____	Name: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

Bank Name: _____ Account #: _____
Credit Card #: _____ Exp: _____

By signing, I understand that credit terms are 30 days from invoice and I agree to pay according to those terms.

Signature: _____ Date: _____
Officer, Partner, or Owner



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