



CREDIT APPLICATION For Municipalities

Return Completed Form To: Attn: Credit Manager Box 200, Warren, Ohio 44482-0200 Phone: 330-393-6624 Fax: 330-399-4421

Rev: 3/99

(Please Print or Type)

Name of Municipality: Billing Address: Shipping Address: Phone: City: State: Zip: Date: Fax:

Individual to Contact f/Payment: Individual to Contact f/Questions Pertaining to Order: Maximum amount that can be purchased without a bid: Phone: Phone: \$

Payment Info:

- 1. Do you require a voucher (in addition to our invoice) to process payment? (Y or N) If so, please send us a supply of vouchers, or include with each of your purchase orders. 2. Are Invoices Paid: a) Only if order is complete? or b) When order is partially complete? 3. Please indicate normal check processing time:

Trade References/Current Suppliers:

Company Name: Address: City: State: Zip: 1 Phone: Fax: 2 Phone: Fax: 3 Phone: Fax: 4 Phone: Fax:

This application was filled out by:

Signature lines and phone number field for the applicant.

To be filled out by Trumbull Industries, Inc.: Trumbull Sales Rep #: Trumbull Branch #: