MORROW CONTROL & SUPPLY APPLICATION FOR CREDIT

810 Marion Motley Ave. N.E., Canton, Oh 44705 Phone: (330) 452-9791 Fax: (330) 452-8306

NAME OF BUSINESS			YEARS IN BUSINESS
ADDRESS			PHONE NUMBER
CITY	STATE	ZIP CODE	FAX NUMBER

TYPE OF BUSINESS:

____ HVAC CONTRACTOR
____ MECHANICAL CONTRACTOR
____ WHOLESALE
____ INDUSTRIAL
____ MANUFACTURER
____ COMMERCIAL
____ REMODELING
____ BUILDER
____ OTHER_____

OWNERSHIP:

____ CORPORATION ___ incorporated within the past 12 months
____ PARTNERSHIP
____ INDIVIDUAL

____ TAXABLE ____ NON-TAXABLE

TAX ID# _____

SOCIAL SECURITY NUMBER– FOR INDIVIDUALS AND PARTNERSHIPS—USED ONLY FOR CREDIT INQUIRIES.
THIS WILL BE HELD IN THE STRICTEST CONFIDENCE._____

NAMES OF PRINCIPALS	ADDRESS
1.	
2.	
3.	

Credit References (Please Fill Out Completely)

Business name: _____ Address: _____ City/State/Zip: _____ Phone#: _____ Fax#: _____	Business name: _____ Address: _____ City/State/Zip: _____ Phone#: _____ Fax#: _____
Business name: _____ Address: _____ City/State/Zip: _____ Phone#: _____ Fax#: _____	Business name: _____ Address: _____ City/State/Zip: _____ Phone#: _____ Fax#: _____

BANK: _____ CONTACT: _____

Please check only one. ☐ Dealer ☐ Commercial ☐ Industrial

We hereby apply for credit in accordance with the terms and conditions of Morrow Control & Supply, Inc. We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signature: _____ Date: _____

Title: _____ please return: **fax#: (330) 452-8306** attn: Credit Department