
MENYHART PLUMBING & HEATING SUPPLY CO.

**6304 Lorain Avenue
Cleveland, Ohio 44102**

Phone: (216) 631-5519 Fax: (216) 631-5522

Credit Application

BILLING INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Name of individual (s) authorized to charge/pick-up materials for your account:

FINANCIAL INFORMATION

Bank Name: _____ Account #: _____

Type of account: Savings _____ Checking _____ Other _____

Social Security Number: _____ - _____ - _____

TAX INFORMATION

Is the business tax exempt? Please circle: Yes or No

If "Yes", please include a copy of your tax exemption form.

Federal ID or Social Security Number: _____

CREDIT REFERENCES (Please no credit cards or banks.)

1. Creditor's Name: _____

Address: _____

Phone: () _____

2. Creditor's Name: _____

Address: _____

Phone: () _____

3. Creditor's Name: _____

Address: _____

Phone: () _____

I (we) certify that all of the above information is correct.

Signature(s): _____

Print Name: _____

Title(s): _____

Date: _____

Office Use: Date Approved _____

Credit Limit _____