



Customer Credit Application

Phone: 1-800-448-8934

Fax: 330-488-2022

315 Pekin Dr. S.E.
East Canton, Ohio 44730-9462

Take advantage of our credit application (PDF).
Print, complete the required information, then send
your application, via mail or fax to Barbco, Inc.
Attn. Credit Department.
Incomplete credit applications may delay processing.

CUSTOMER INFORMATION

CUSTOMER NAME:		SOCIAL SECURITY # OR FEDERAL TAX ID #:	
_____		_____	
MAILING ADDRESS:	CITY, STATE, AND ZIP CODE:	COUNTY:	
_____	_____	_____	
PHYSICAL ADDRESS (IF DIFFERENT FROM ABOVE):	CITY, STATE, AND ZIP CODE:	COUNTY:	
_____	_____	_____	
WORK PHONE#:	CELL PHONE#:	FAX#:	CONTACT PERSON:
_____	_____	_____	_____
STATE OF REGISTRATION:	STATE REGISTRATION #:	YEARS IN BUSINESS:	
_____	_____	_____	
TYPE OF BUSINESS:			
INDIVIDUAL _____ SUB 'S' CORP. _____ 'C' CORP. _____ LLC. _____ PARTNERSHIP (LIMITED OR GENERAL) _____			

PRINCIPALS AND OFFICERS OF BUSINESS

NAME OF OFFICERS, PARTNERS, OR OWNERS & ADDRESS:	TITLE:	SOCIAL SECURITY #:	% OWNED:
_____	_____	_____	_____
_____	_____	_____	_____

BANK REFERENCE

NAME & ADDRESS:	CONTACT NAME:	PHONE#:	ACCOUNT#:
_____	_____	_____	_____

TRADE REFERENCES

COMPANY & ADDRESS:	CONTACT NAME:	PHONE #:	FAX#:
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE

AGENCY NAME & ADDRESS:	AGENT NAME:	PHONE#:	FAX#:
_____	_____	_____	_____

HAVE YOU EVER FILED FOR BANKRUPTCY?	YES _____ NO _____
HAS A JUDGEMENT EVER BEEN FILED AGAINST YOU?	YES _____ NO _____

I/We authorize Road Machinery & Supplies Co. and all of its affiliated companies and/or its assigns to obtain commercial or consumer information on behalf of Barbco Co., about the undersigned individual/company from any credit-reporting agency and hereby authorize the above named bank(s), financial institution(s), or trade reference(s) to release such information as is necessary to establish credit. Also indicated is my approval for Barbco Co. to send me information by fax. Past due accounts are subject to a service charge of 1 1/2% per month (18% per annum).

COMPANY NAME	Fax Approval	Yes No (circle one)
_____	_____	_____

APPLICANT SIGNATURE	TITLE	DATE
_____	_____	_____