

**BELMONT-MAIN OFFICE**41245 Recco Road  
Belmont, OH 43718  
740-782-1314 \* F: 740-782-1516**INDIANAPOLIS BRANCH**1315 Terminal Road  
Indianapolis, IN 46217  
317-781-8100 \* F: 317-781-8720**FORT WAYNE BRANCH**2530 Charleston Place  
Fort Wayne, IN 46808  
260-255-3115 \* F: 260-255-3116**PITTSBURGH BRANCH**20620 Route 19 North  
Cranberry Twp, PA 16066  
724-779-4646 \* F: 724-779-4611**TOLEDO BRANCH**5560 Angola Road  
Toledo, OH 43615  
419-874-6001 \* F: 419-874-7354**CHARLOTTE BRANCH**2023 John Crosland Jr Way  
Charlotte, NC 28208  
704-399-7555 \* F: 704-399-7850**DAYTON BRANCH**1040 Reed Road  
Monroe, OH 45050  
513-539-5255 F: 513-539-5256**CLEVELAND BRANCH**2841 Brecksville Road  
Richfield, OH 44286  
330-659-0800 \* F: 330-659-4880**COLUMBUS BRANCH**4250 Perimeter Drive  
Columbus, OH 43228  
614-276-0001 \* F: 614-276-0676**DETROIT BRANCH**10461 Grand River Road  
Brighton, MI 48116  
810-225-9016 \* F: 810-225-9216**CINCINNATI BRANCH**8075 Production Drive  
Florence, KY 41042  
859-727-7970 \* F: 859-727-7974**NASHVILLE BRANCH**1615 JP Hennessy Dr.  
Lavergne, TN 37086  
615-610-7326 \* F 615-610-7327

# RECO Equipment Inc. - Application for Commercial Credit

EMAIL APPLICATION TO: [ar@recoequip.com](mailto:ar@recoequip.com) / Fax 740-363-8061

Name of Business				Tax I.D. Number	
Address:				Phone:	
				Email:	
City:		State:		ZIP:	
				County:	
Type of Business:				In Business Since:	
Legal Form Under Which Business Operates:					
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>		Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:				In Business Since:	
Name of Company Principal Responsible for Business Transactions:				Title:	
Address:		City:		State:	
				ZIP:	
				Phone:	
Taxable: <input type="checkbox"/> Yes. If exempt, please include a tax exempt certificate. <input type="checkbox"/> No Tax will be charged until an exempt certificate is on file					

### Financial Information

Bank Name:	Phone No:
Checking Account #:	Contact Name
Address:	
Insurance Co :	Phone No:
Agents Name:	

### Trade References (Please NO Oil Companies, Utilities or Credit Card Companies)

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:

### Officers / Owners

Name-Title:	Name-Title:	Name-Title:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Soc Security No:	Soc Security No:	Soc Security No:

All invoices are due and payable according to the invoice terms. Interest will be charged on all invoices not paid by the 30<sup>th</sup> day after the invoice is due and payable, at the rate of eighteen percent (18%) per annum, or the maximum rate permitted by the state or federal law, whichever is greater. It is expressly agreed that all obligation of the parties created herein are performable in the count of Belmont, in the state of Ohio, the Main Office of RECO equipment, Inc. and the laws of the state of Ohio shall govern all transactions. Suit may be brought in Belmont County, Ohio. A failure to pay requiring suit shall entitle RECO Equipment, Inc. to the costs of suit, including it attorney's fees incurred in the collection. RECO Equipment, Inc. is authorized to investigate and obtain reports regarding this application or resulting account with credit reporting agencies and others, including personal guarantors. By signing below, signer confirms he is authorized to sign on behalf of the company.

\_\_\_\_\_  
*Agreed to By (Company Name)*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Authorized Signature*\_\_\_\_\_  
*Title*

**NOTICE: THIS APPLICATION MUST BE COMPLETED IN FULL IN ORDER TO OBTAIN AN OPEN ACCOUNT  
ACCOUNTS RECEIVABLE: Phone: 740-782-1314**