



# QUALITY SWITCH, INC.

715 Arlington Blvd.

P.O. Box 250

Newton Falls, Ohio 44444

TEL: (330) 872-5707

[www.qualityswitch.com](http://www.qualityswitch.com)

FAX: (330) 872-3664

## CREDIT APPLICATION

### APPLICANT'S BUSINESS

Name of Business \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you been in business? \_\_\_\_\_

Purchase Order Required? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of copies of invoice \_\_\_\_\_

Shipping address: \_\_\_\_\_

(if other than above)

Authorized Buyer \_\_\_\_\_

Person to contact \_\_\_\_\_

(Name)

(Title)

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### APPLICANT'S BANK

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Person to contact \_\_\_\_\_

Account Number \_\_\_\_\_

Fax number \_\_\_\_\_

Signature to authorize bank to release information \_\_\_\_\_

Print name and title for signature above \_\_\_\_\_

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### APPLICANT'S REFERENCES

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax number \_\_\_\_\_



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## Applicant's References (continued)

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax number \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax number \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax number \_\_\_\_\_

**\*\* Please include current sales tax exemption certificate with the application or we will have to charge sales tax. \*\***