

**George F. Ackerman Co**  
 300 Mill St.  
 P.O.Box 157  
 Curtice OH 43412  
 (419) 836-7735 (419) 836-2040 Fax  
[info@ackermantoledo.com](mailto:info@ackermantoledo.com)



Name of Firm or Individual \_\_\_\_\_ dba \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address if different \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_  
 Person responsible for payment of invoices \_\_\_\_\_ Amount of Credit Requested? \$ \_\_\_\_\_ .00  
 Type of Business: Proprietorship \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_  
 P.O. # REQUIRED ? \_\_\_\_\_ Co Email Address: \_\_\_\_\_

Proprietor, Partners, or Corporate Officer:

Name/Title:	Home Address	Phone:	Social Security #
		( )	
		( )	
		( )	

Start Date of Business? \_\_\_\_\_ If incorporated, Date \_\_\_\_\_ State \_\_\_\_\_

Are you Taxable? \_\_\_\_\_ **If not, please send us your tax exemption certificate.**

How long at current address? \_\_\_\_\_ Do you own or rent these premises? \_\_\_\_\_

Name and Address of Mortgagee/Landlord \_\_\_\_\_

**BANK REFERENCES:**

Name:	Street, City, State, Zip	Phone#
Checking Acct.#	Savings Acct.#	Contact Person

**CREDIT REFERENCES (other than your bank)**

Please do not leave any space blank.

Name	Complete Mailing Address	Phone#	Fax #

Terms will be Net Due 30 days after date of invoice. A 1.5%per month (18% per annum) charge will be made on accounts not paid within 30 days of invoice date. We agree to make all purchases subject to above terms. We also agree to pay costs of collection and reasonable attorney fees should it become necessary to refer our account to an attorney. We hereby authorize said bank and credit references to release any and all information necessary to the establishment of this open account.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_