



**Mail Credit Application:**  
10052 Commerce Park Drive  
Cincinnati, Ohio 45246  
Ph: (888)237-4988  
Fx: (513)881-7010  
www.got-autism.com

### Got- Autism Application for Credit Form

The following information is submitted to Got-Autism for credit use only.  
The information contained will be considered confidential.

Date: \_\_\_\_\_

Name of Firm or Individual (Legal name/No initials)

Address or Post Office Box Number

Years at this location

City/State/Zip Code

Number of Employees

Name and address of affiliated companies or subsidiaries

Dun & Bradstreet Number

Rating

Federal Tax Identification Number

<sup>2</sup> Sales Tax Number

Bank Name –

Account Number

Bank Address City/State/Zip

Trade References – Complete Address, phone and account number.

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_

Applicant's signature hereunder expresses responsibility, ability, and willingness to pay all invoices in accordance with the following terms. If any account should become delinquent, it is understood that a finance charge of 1 ½% annual rate of 18% will be added monthly to each purchase not paid over 30 days old. Subject to C.O.D. thereafter if not paid. We further agree to pay any collections cost incurred to collect the account balance, including attorney's fees.

Principal/ Office Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Thank you for your credit application:

Phone: (888)237-4988

Fax: (513) 881-7010

Online: www.got-autism.com