



QUALITY SWITCH, INC.

715 Arlington Blvd.

P.O. Box 250

Newton Falls, Ohio 44444

TEL: (330) 872-5707

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)

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 _____

APPLICANT'S REFERENCES

Name _____

Street _____

City _____ State _____ Zip _____

Telephone _____

Fax number _____



QUALITY SWITCH, INC.

715 Arlington Blvd.

P.O. Box 250

Newton Falls, Ohio 44444

TEL: (330) 872-5707

www.qualityswitch.com

FAX: (330) 872-3664

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. ****