

City Dash
 949 Laidlaw Ave.
 Cincinnati, OH 45237
 Phone: 513-562-2000

Remit Address:
 City Dash, Inc
 949 Laidlaw Ave
 Cincinnati, OH 45237



Customer Information

Name of Business				Federal ID#			
Address				Telephone#			
City	State	Zip	Fax #				
Billing Address (if different)				State	Zip		
Accounts Payable Contact		A/P Phone #		Credit Line Requested		\$	
AP email address				Please check here if you would like your invoices emailed rather than mailed <input type="checkbox"/>			

Type of Business

Circle One: Corporation Partnership Proprietorship	Date Established	
Description of Business		
Corporation Name	Date Incorporated	State Incorporated

Principle Officers, Partners, or Owners

Name	Title	Telephone#	
Home Address	City	State	Zip
Name	Title	Telephone#	
Home Address	City	State	Zip

Bank References

Name	Branch	Phone#
Address	Account#	Contact
Circle One: Checking Savings Loan		

Trade References (must provide at least two that have been used within the last six months)

Name	Contact/Account#	Phone#	Fax#
Address	City	State	Zip
Name	Contact/Account#	Phone#	Fax#
Address	City	State	Zip

Authorized Users (Authorized Callers)

Check here if there are **no** user restrictions on this account and you agree to pay for all services charged to the account.
 If there are user restrictions, please list those who are authorized to charge services to this account.

Name	Department	Phone#
Name	Department	Phone#
Name	Department	Phone#
Name	Department	Phone#
Name	Department	Phone#

The undersigned states that he or she is a qualified purchaser of the above company, authorized by the company to request credit and allow the use of this account by those listed above. The undersigned acknowledges that the above information is for the purpose of obtaining credit and is warranted to be true and accurate. The undersigned authorizes City Dash, Inc. to investigate the references listed pertaining to my company's credit and financial responsibility and to inquire into said company's credit history. The undersigned agrees that my company will pay City Dash's invoices according to its terms. The undersigned understands that terms are net 30 days and agrees my company will pay a one and a half (1.5%) percent (APR 18%) service charge on all invoices past due. The undersigned also agrees that my company will pay all costs of collecting delinquent payments including attorney's fees.

Date _____ Signature _____ Print Name _____ Title _____
 Sales Rep Name: **Mary Mendel, Account Manager, 10% Discount for Sharonville Chamber of Commerce Members on Local Courier Orders (Published Zip Code List Only)**