



OSH Cut INC
3052 N 170 E, Unit 1
Spanish Fork, UT 84660

Credit Application

Please complete the following information in full.

Applicant Information

First Name	Last Name	Title	
Address			
City	State	ZIP	Phone

Business Information

Company Name	Company EIN		
Years in Business	Entity Type (Eg. Corporation, Partnership, LLC)		
Payables Contact Name	Payables Email		
Payables Mailing Address			
City	State	ZIP	Phone

Bank Reference

Institution Name	Account Number	
Contact Name	Email	
Address		
City	State	ZIP

Trade References

Company Name	Your Account Number
Contact Name	Email
Address	



OSH Cut INC
3052 N 170 E, Unit 1
Spanish Fork, UT 84660

City	State	ZIP	Phone
------	-------	-----	-------

Company Name		Your Account Number	
Contact Name		Email	
Address			
City	State	ZIP	Phone

Company Name		Your Account Number	
Contact Name		Email	
Address			
City	State	ZIP	Phone

Requested Terms: _____

Requested Credit Limit: _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. I further authorize OSH Cut INC, or its agents, to verify this information and obtain credit reports or other financial information from the financial institution and trade references listed in this application, as necessary, to evaluate my creditworthiness.

Authorized Signature _____

Name (printed) _____

Title _____

Date _____