

BOARD OF PUBLIC WORKS AND SAFETY
Agenda Request Form

(Form B-01-2012)

Organizations and individuals are asked to submit a request form and supporting documents to be placed on the agenda. You will be contacted by the City confirming the date of the meeting in which your request will be heard. Please make sure that your contact information is accurate in case we need to get in touch with you. The Board of Works meets on the 1st and 3rd Monday of each month at 5:00 p.m. in City Hall located at 70 E. Monroe Street.

Date Submitted:	12/29/14	Meeting Date:	01/05/15
Contact Information:			
Requested by:	Janet P. Alexander, Clerk-Treasurer		
On Behalf of Organization or Individual:		City of Franklin	
Telephone:	317-736-3609		
Email address:	jalexander@franklin.in.gov		
Mailing Address:	70 E Monroe St, Franklin, IN 46131		
Describe Request:			
Credit application for W. W. Williams. This company has the generator maintenance contract with the city.			
List Supporting Documentation Provided:			
Credit application request letter			
Credit application			
Who will present the request?			
Name:	Janet P. Alexander, Clerk-Treasurer		Telephone: 317-736-3609

In order for an individual and/or agency to be considered for new business on the Board of Works agenda, this reservation form and supporting documents must be received in the Mayor's office no later than 4:00 p.m. on the Wednesday before the meeting.



W.W. Williams

November 25, 2014

City of Franklin
70 East Monroe Street
Franklin, IN 46131

Attn: Rick Littleton

RE: Credit Application / Sales Tax Exemption

Dear Mr. Littleton;

We are in the process of updating our records and are in need of a Credit Application and Sales Tax Exemption Certificate for your facility. If your facility is not Sales Tax Exempt please make that notation on the Certificate and return with the completed Credit Application.

If you could please fill out both forms completely and return at your earliest convenience to my attention by one of the following methods:

- Mail: 610 West Washington Street Bluffton, IN 46714
- Email: eteeples@wwwwilliams.com
- Fax: (260) 827-0644

Should the policy at your facility not allow you to fill out a credit application then please complete Page 1. On the bottom of Page 3 please sign, date and state that your facility does not provide credit applications.

Thank you in advance for your assistance and should you have any questions, please do not hesitate to contact me at any time.

Sincerely,

W.W. Williams

Elizabeth Teeple
CSC Administrator

cc: City of Franklin

Enclosures

610 West Washington Street / Bluffton, Indiana 46714 / 260-827-0553 / FAX 260-827-0644

Alabama / Arizona / Georgia / Indiana
Kentucky / Michigan / Nevada / Ohio / South Carolina

www.williams.com





APPLICATION FOR CREDIT

This application is made for the sole purpose of obtaining an account with W.W. Williams. Applicant acknowledges that W.W. Williams is relying on the information provided in this application and warrants that all statements in this application are complete, accurate and truthful. Applicant further acknowledges that if this application is approved by W.W. Williams, applicant shall be bound by W. W. Williams's terms and conditions set forth herein. Applicant hereby grants permission to W.W. Williams to verify all credit information and to make all credit inquiries that W.W. Williams deems appropriate. Incomplete forms cannot be processed.

Location where you will be applying for credit _____

Legal Business Name _____ City _____ State _____

DBA _____ Years in business under this name _____

Physical Address _____
Street _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Web address _____

A/P Address _____
Street _____ City _____ State _____ Zip _____

A/P Phone _____ Fax _____

A/P Contact name & email address _____

Are you Tax Exempt or do you have a resellers certificate? Yes ☐ No ☐
If yes, attach the certificate to this credit application or taxes will be charged. We MUST have the certificate not a number.

Is a Purchase Order Required? Yes ☐ No ☐

Do you require a monthly statement? Yes ☐ No ☐

How do you require your invoices sent? USPS ☐ Email ☐

If you require your invoices sent via email please provide the email address and any necessary instructions _____

Amount of credit you are requesting? _____

Corporation _____ Partnership _____ Individual/Sole Owner _____

COMPLETE ONLY ONE OF THE FOLLOWING THREE OPTIONS AS IT APPLIES TO THE ABOVE ACCOUNT NAME:

1. If Corporation:

State of Incorporation _____ Year _____ Registered Agent _____

Corporate address _____

President _____ Home address & phone _____



Address _____
Street City State Zip
Phone _____ Fax _____ Officer to contact _____

Is this a borrowing relationship? _____ How long? _____

Please provide name and address of your bonding company or agent

Name _____ address _____

Applicant agrees to the following:

W.W. Williams retains the right, at its own discretion and without prior notice to deny, limit or revoke credit to any person or other legal entity, who has applied for or been granted credit. W.W. Williams may close any account granted pursuant to this application, whenever it deems necessary, without prior notice to the customer.

The undersigned submits this application for credit subject to the following terms and as consideration for the extension of credit or the establishment of an account represents and/or agrees as follows:

1. Pay all charges for account, or others using the account, regardless of account's credit limits.
2. Should credit be extended, applicant acknowledges and guarantees:
 - a. Payment of the account in full according to the invoice terms, our standard terms are Net 15.
 - b. Payment of service charges of the lesser of 1 1/2% per month (18% annual percentage rate) or the highest allowable legal rate in the jurisdiction.
3. Balance owed will become due in full upon any default in payment of violation of terms of account use or voluntary or involuntary bankruptcy; agrees to pay all collection costs, including court cost and reasonable attorney's fees should it become necessary to refer the account for collections; If suit is brought, jurisdiction and venue will be in the State of Ohio in the County of Franklin.

Printed name _____ Title _____ Date _____

Signature _____ Email address _____

See W.W. Williams Terms and Conditions at www.wwwilliams.com/terms.