

Issue Paper

DATE: 03/21/2022

AGENDA ITEM (ACTION ITEM):

Consider/Approve entering into a credit agreement with CBT Company in order to purchase various maintenance supplies from this board approved Discount Bid company.

APPLICABLE BOARD POLICY:

01.11 General Powers of the Board. The Board may borrow money on the credit of the Board.

HISTORY/BACKGROUND:

CBT Company is requesting a credit application be submitted in order to accept District purchase orders for purchase to be made for Kenton County School District maintenance projects.

FISCAL/BUDGETARY IMPACT: None

RECOMMENDATION:

Approval to enter into a credit agreement with CBT Company in order to purchase various maintenance supplies from this board approved Discount Bid company.

CONTACT PERSON:

Jennifer Weis

rincipal/Administrator

District Administrator

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Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda. Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.



Thank you for your interest in opening a business account with CBT Company.

It is our standard procedure to request information about your business and obtain a signed credit agreement from customers. This information is needed to be able to better service your account. This information will remain strictly confidential and will be used for the purpose of establishing your account with us. Please return the completed forms to:

CBT Company Attn: Mark Dorsey 5500 Ridge Avenue Cincinnati, OH 45213 ** Please email to creditdept@cbtcompany.com

Should you have any questions, please call me at (513) 632-5906

Our remit to address is:

CBT Company 7152 Solution Center Chicago, IL 60677-7001

We look forward to hearing from you. Thank you for your cooperation in this matter

Sincerely, CBT Company Mark Dorsey Credit Manager Enclosures



Cincinnati 5500 Ridge Avenue Cincinnati, OH 45213 (513) 621-9050 (513) 621-0929 FAX (888) 492-2244

Springboro 130 Advanced Drive Springboro, OH 45066 (937) 746-7356 (937) 746-7852 FAX (800) 686-9055 Sidney 301 South Stolle Ave Sidney, OH 45365 (937) 498-2104 (937) 498-4832 FAX (800) 498-4832

Please visit our website: www.cbtcompany.com

CREDIT APPLICATION

Please return this application and any additional forms required with a copy of your financial statement to the address above. All information will be used for credit purposes only and will be held in strict confidence.

Application must be <u>completed</u> to process in a timely manner. *Payment options are by mail, ACH, wire transfer or credit card. We accept Visa, American Express & MasterCard for processing at time of shipment.

*Mail payments to: 7152 Solution Center, Chicago, IL 60677-7001 Accounting Fax Number (513) 621-0929

DATE 3/21/2022	WHO REFERRED YOU TO CBT?_		SALI	ESMAN		
INITIAL ORDER \$1,500.00	ANNUAL BUYING POTENTIAL \$_	CREDIT LIMIT REQUESTED \$5,000.00				
ARE YOU SALES TAX EXEMPT?			APPLICABLE EXEMPTION			
LEGAL BUSINESS NAME Kenton	County Board of Education	ı	FEDERAL IDENTIF	FICATION NO		
TRADE NAME OR DBAs						
PARENT COMPANY, IF APPLICABLE	X					
ADDRESS 1055 Eaton Dr., Ft.	Wright, KY 41017		BUSINESS PHONE ()859-344-8888		
LLC CORPORATION LLP	PARTNERSHIP SOLE PROPI	RIETORSHIP	IF INCORPORATED IND	HCATE STATE	_	
NAMES (S) OF OWNERS, PARTNERS,	OFFICERS				_	
LINE OF BUSINESS K-12 Public	School System	DUNS 1	NUMBER			
SIC CODEHOW LONG IN		YABLE MANAGI	_{ER} Misty Jones	PHONEEXT		
PURCHASING MANAGER_ Jenny S	mith	PURCHASE	E ORDERS NO. REQUIRED	YES]	NO	
BILLING INFORM	ATION		SHIPPING IN	FORMATION		
NAME Kenton County Board of Education		NAME (VARIOUS LOCATIONS)				
ADDRESS 1055 Eaton Dr.		ADDRESS_				
CITY Ft. WrightST	ATE KY ZIP 41017	CITY	STATE	EZIP	_	
BUSINESS PHONE (<u>859</u>)344-88	88	BUSINESS PHONE (859)344-8888				
EMAIL ADDRESS	le@Kenton.kyschools.us					
**ORIGINAL INVOICES EN	AILED DAILY TO_accour	nts.payable	@kenton.kyschools	s.us		
** PRIMARY POINT OF CO	NTACT NAME AND NUMBI	ER:_George	Hoffman			

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FINANCIAL INSTITUTION REFERENCES

BANK NAME	ADDRESS			PHONE (}						
CHECKING ACCOUNT NO	LOAN ACCOUNT NO			LINE OF CREDIT	YES	NO					
BANK CONTACT NAME		FINA	NCIAL STATEN	IENT ATTACHED	YES	NO					
**PRIOR BANKRUPTCY FILE	DYES	NO I	DATE								
PRINCIPAL SUPPLIERS											
NAME		Р	HONE	FAX							
1)		()	()							
ADDRESS				ACCT #							
2)		()	()							
ADDRESS			8	ACCT #							
3)		()	()							
ADDRESS				ACCT #	5						
HAVE YOU GIVEN ANY OF THI	E ABOVE PERSONAL GUARANTIES	? () YES () NO									
BUILDING: () LEASING () BUY	ING () OWN										
NAME OF LANDLORD/MORTGA	AGEE	ACCT #		PHONE ()							
	IF PAYING BY CREDIT CARI) PLEASE COMPLETE	FOLLOWING	INFORMATION							
VISA	ACCOUNT NO			EXPIRATION DAT	E/						
MASTERCARD	ACCOUNT NO			EXPIRATION DA	ГЕ/						
AMERICAN EXPRESS	ACCOUNT N0			EXPIRATIONDAT	ГЕ <u>/</u>						

Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program: or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The law is not limited solely to consumer transactions, but also applies to credit extended to any individual, partnership, or corporation. The federal agency that administers compliance with the law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NM, Washington, D.C. 20580.

In consideration of your extending credit at my request to:_

("company"), of which I am

Date

I hereby absolutely and unconditionally personally guarantee the full payment of any obligation of the company and I hereby bind myself to pay you on demand of any sum, including all expenses, which may become due by the company whenever the company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I do hereby waive notice of demand, protest of default and consent to any modification or renewal of the eredit agreement hereby guaranteed. I/We hereby authorize you to obtain eredit information to be used with this application and obtain eredit information from eredit grantors, commercial and consumer reporting agencies.

Witness

Date

Guarantor of Company (as individual)

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CREDIT AGREEMENT

In consideration of your extending credit to me, I (customer) agree to the following regarding all purchases made by me or others authorized to use my account.

- 1. BALANCE: To pay balance of my account monthly upon receipt of my invoice, without incurring finance charge.
- 2. FINANCE CHARGE: To pay 1-1/2% per month (18% annually) on all amounts over 60 days at month end. The balance outstanding at month end is determined by adding purchases and other charges to, and subtracting payments and credits from the balance outstanding on the previous month end, excluding any unpaid FINANCE CHARGE.
- FAILURE TO PAY: You (CBT Company) may declare the full remaining unpaid balance immediately payable if I fail to make any required payment in full when due. If the account is referred to an attorney for collection, all cost of collection incurred by CBT, reasonable attorney's fee and expenses not exceeding the amount permitted by state law. Ohio law applies during disputes. [Kenton County, KY]
- 4. CREDIT LIMITS: Based on the information I supplied and a subsequent credit investigation, my newly approved account is subject to initial credit limits. Credit limits are adjusted monthly based on my payment activity, and you reserve the right to limit the extent of my purchase.
- 5. CREDIT INVESTIGATION: You are authorized to investigate my credit record including bank and trade references both now and for future updates. You are also authorized to report to proper persons and bureaus my performance under this agreement.
- REVISION AND TERMINATION OF AGREEMENT: You may revise this agreement at any time upon giving me proper notice. Either you or I may terminate this agreement upon giving notice to the other. However, such termination shall not effect my then-existing obligations under this agreement.

Net 30-60 Days

TERMS OF SALE: 1% (one) discount if paid within 10 (ten) days, else net 30 (thirty) days. 1% 10, Net 30, unless
otherwise agreed to in *writing* by CBT Company. Purchase order terms and conditions do not supersede CBT
Company standard terms unless specifically agreed to in *writing*.

I certify that the information provided is true and accurate, and that if credit is extended, I agree to the terms and conditions set forth in this application.

(USE OF CORPORATE TITLE SHALL IN NO WAY LIMIT THE PERSONAL LIABILITY OF THE DIGNITARY)

Print Name

Print Name

Authorized Signature

Authorized Signature

Company Name_____

Date _____