

CREDIT APPLICATION

The following confidential information is submitted as a basis to open an account. (Please print or type)

Company _____

Billing Address _____
Street City State Zip

Shipping Address _____

Shipping instructions, Delivery hours, etc. _____

Business: Corporation _____ Partnership _____ Individual proprietorship _____
(SS# if proprietorship)

Type of Business _____ Phone _____ Fax _____ Email _____

This firm has been in business _____ years. Located at this address _____ years.

Resale or Exemption Tax Certificate # (attach copy) _____ Credit desired \$ _____

Monthly statement required Yes _____ No _____ PO required Yes _____ No _____

OK to fax invoices/statements Yes _____ or email invoice/statements Yes _____ No _____ Contact us about electronic payment Yes _____ No _____

Names of Owners, Partners or Officers:

1. _____

2. _____

Name	Title	Address	Phone
Accounts Payable Manager _____			
Name		Phone	Fax

Purchasing Manager _____			
Name		Phone	Fax

Credit References (Please include complete address for processing)

Name of Bank _____ Address _____ Phone _____

Type of account: Checking _____ Savings _____ Loan _____ Bank Account # _____

Name 1. _____ 2. _____ 3. _____

Address _____

City, State, Zip _____

Phone _____

Fax # _____

INDICATED BY MY SIGNATURE BELOW IS THE AUTHORIZATION TO DO THE INVESTIGATION NECESSARY IN ORDER TO ESTABLISH AND MAINTAIN A CREDIT LINE WITH ROVIC. The information provided by me is true and accurate to the best of my knowldge. I have read, understand, and will abide by the payment terms of net 30 days. I agree to pay all charges/expenses incurred in the collection of any monies due under this agreement.

Signature _____

Corporate Officer, Partner, Owner Title Date

For office use only

Customer Code _____ Ship Via _____ SIC Code _____

Salesman _____ Approved \$ _____ Date _____ By _____ LTR _____