



CUSTOMER INFORMATION & CREDIT APPLICATION

Company Name:		Date Established:	
A/P Contact:	E-mail:	Phone #:	
Purchase Agent:	E-mail:	Phone #:	
Sole Proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION - REQUIRED

Billing Address:			
City:		State:	ZIP Code:
Taxable or Resale:	Resale #:	(Copy of Cert Required)	
Telephone:	Fax:	E-mail:	
Bank Name:			
Bank Address:		Phone:	
City:		State:	ZIP Code:
Type of Account:	Savings:	Checking:	Other:
Bank Contact Name:		Bank Contact Phone:	

BUSINESS/TRADE REFERENCES – REQUIRED FOR OPEN TERMS & CREDIT LINE

Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Terms:		Contact Name:	
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Terms:		Contact Name:	
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Terms:		Contact Name:	

AGREEMENT

- Discrepancies and claims **must be** made within seven (7) working days from date of invoice
- By submitting this application, you authorize RSI to make inquiries to the banking and business/trade references listed

SIGNATURE

Signature:	Title:	Date:
------------	--------	-------

OFFICE USE ONLY:

Approved: Yes: _____ No: _____ Limit: _____ Terms: _____ Date: _____
 Signature: _____ Notes: _____