



401-295-0996

123 Ocean State Drive, N. Kingstown, RI 02852

800-554-4557

Fax: 401-295-2216

CREDIT APPLICATION

Salesman _____ **** Please Note : If delivery address or A/P are the same please leave fields blank. *****

Company Name: _____ Delivery Name: _____
Company Contact: _____ Delivery Contact: _____
Contact Email Address: _____ Delivery Address: _____
Company Address: _____
Company City: _____ State: __ Zip: _____ Delivery City: _____ State: __ Zip: _____
Company Phone: _____ Company Fax: _____ Delivery Phone: _____

Accounts Payable Information

A/P Contact: _____ Approximate Annual Sales: _____
A/P Email Address: _____ Requested Credit Line: _____
A/P Address: _____ Corporation: _____ Partnership: _____ Individual: _____
A/P City: _____ State: __ Zip: _____ Year Incorporated or Registered: _____
A/P Phone: _____ A/P Fax: _____
Tax Exempt __ Yes __ P q "Note, if yes, a signed tax certificate must be faxed to 401-295-4044 for our files.

Owner One

Ownership

Owner Two

Name: _____ Name: _____
Title: _____ Percent of Ownership: _____ Title: _____ Percent of Ownership: _____
Phone: _____ Fax: _____ Cell: _____ Phone: _____ Fax: _____ Cell: _____
Address: _____ Address: _____
City: _____ State: __ Zip: _____ City: _____ State: __ Zip: _____

Trade References (Minimum of four required)

(1) Name: _____ (3) Name: _____
Street: _____ Street: _____
City: _____ State: __ Zip: _____ City: _____ State: __ Zip: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____
(2) Name: _____ (4) Name: _____
Street: _____ Street: _____
City: _____ State: __ Zip: _____ City: _____ State: __ Zip: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____

Bank References

Name: _____ Address: _____
Office: _____ Street: _____
Account Number: _____ City: _____ State: __ Zip: _____
Phone: _____ Fax: _____

- NOTE - To be classified Tax Exempt a copy of your exempt certificate must accompany this application.

By signing this credit application, Signer/Purchaser(s) agrees that an interest charge can be added to any past due balance, computed at a periodic rate of 1.75% per month (21% Per Annum) and applied to your balance as a finance charge. The finance charge balance is that portion of the previous balance which is not paid within 30 days of purchase. Signer/Purchaser agrees to pay all costs of any necessary collections, including an attorney's fee of 33% of the balance due.

I / We do guarantee payment at all times.

Signature:(Owner or President) _____ Print Name _____ Date: _____

Signature:(Authorized Person) _____ Print Name _____ Date: _____

(Corporate Officer) Title _____