

# CREDIT APPLICATION



**Please fill out all fields, sign and fax to: 407-857-2990**

*Include copy of State Sales Tax Certificate with fax, please. Otherwise we are required to charge State Sales Tax.*

## **Name/Address**

Name of Business	Tax ID:
Name of Principal:	Title:
Address:	
City:	State:      ZIP:      Phone:      Fax:

## **Company Information**

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:    Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>	
Accounts Payable Contact Name:	Phone:      Email:
PO Required?    Yes <input type="checkbox"/> No <input type="checkbox"/>	

## **Bank References**

Institution Name:	Institution Name:
Account #:	Account #:
Address:	Address:
Phone:	Phone:

## **Trade References**

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:

*I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. I accept and agree to the Ram-Lin Customer Terms and Conditions (download at <http://www.ramlin.com/content/company>). Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.*

**I understand Ram-Lin's payment terms are NET 30, and agree to pay within those terms. Any unpaid invoice over 30 days old is subject to finance charges, and could cause me to lose open account privileges.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date