

ROSE BRAND WIPERS INC

P.O. BOX 1536

SECAUCUS, NJ 07096-1536

TEL: 800-223-1624, FAX: 201-809-1850

Date of Application: _____

COMPANY NAME: (including d/b/a) _____

LINE OF BUSINESS OR SERVICE: _____

ADDRESS: _____

At Present Location Since: _____

TELEPHONE: _____ FAX: _____

COMPANY TAX EXEMPT #: _____ (please enclose hard copy)

COMPANY FEDERAL ID #: _____

EVER DECLARED BANKRUPTCY? _____ YEARS IN BUSINESS: _____

DUNS #: _____

PARNERSHIP _____ SOLE PROPRIETORSHIP _____ CORPORATION _____ STATE _____

Please provide NAME, ADDRESS, PHONE NUMBERS and TITLE OF OFFICERS, PARTNERS, PROPRIETORS

1. Name: _____ Title: _____

Home Address: _____

Phone: _____ Fax: _____

2. Name: _____ Title: _____

Home Address: _____

Phone: _____ Fax: _____

Partnerships/Sole Proprietors please include:

Name: _____ SS #: _____ Driver's L #: _____ State: _____

Name: _____ SS #: _____ Driver's L #: _____ State: _____

PERSON REQUESTING CREDIT ACCOUNT: _____

TITLE: _____

Please supply a complete list of persons authorized to purchase for your company:

Name: _____ Title: _____

Phone: _____ Fax: _____

Name: _____ Title: _____

Phone: _____ Fax: _____

ACCOUNTS PAYABLE TELEPHONE: _____

ACCOUNTS PAYABLE FAX: _____

ARE PURCHASE ORDERS REQUIRED? _____

**LIST 4 TRADE REFERENCES from whom you purchase regularly.
Supplying complete information including fax numbers
will significantly expedite your credit request.**

Contact _____	Contact _____
Firm Name: _____	Firm Name: _____
Address: _____ _____	Address: _____ _____
Fax: _____	Fax: _____
Contact _____	Contact _____
Firm Name: _____	Firm Name: _____
Address: _____ _____	Address: _____ _____
Fax: _____	Fax: _____

BANK INFORMATION

Bank Name:	Bank Name:
Contact:	Contact:
Account #:	Account #:
Address:	Address:
Fax:	Fax:

IF TERMS ARE EXTENDED, APPLICANT AGREES TO MAKE PAYMENT TO ROSE BRAND WIPERS INC. IN ACCORDANCE WITH THE AGREED UPON TERMS.(NET 30)

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____ **DATE:** _____

AUTHORIZATION TO RELEASE INFORMATION: You are hereby authorized to request all necessary credit information from the references given on the above credit application and agreement, to assist in your extension or credit to the undersigned. The said persons, bank, and/or companies are hereby authorized and directed to release such information to you upon request. In the event that you receive a photocopy of this authorization, it should be treated as an original and the requested information should be released.

COMPANY: _____

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____ **DATE:** _____

PLEASE RETURN VIA FAX TO 201-809-1850

CREDIT APPLICATION DONE VIA FAX OR MAIL