



Credit Application  
800-223-1624  
Fax: 201-809-1850

## COMPANY INFORMATION

Date of Application: \_\_\_\_\_

Company Name: (including DBA) \_\_\_\_\_

\_\_\_\_\_

Line of Business or Service: \_\_\_\_\_

Address: \_\_\_\_\_

At Present Location Since: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Company Tax Exempt #: \_\_\_\_\_ (Enclose Hard Copy)

Company Federal Id #: \_\_\_\_\_

Ever Declared Bankruptcy?  Yes  No

Years in Business: \_\_\_\_\_

DUNS #: \_\_\_\_\_

Check the description that best matches your company:

LLC

Partnership

Sole Proprietorship

Corporation

State: \_\_\_\_\_

## CONTACT INFORMATION

Please provide name, address, phone number and title of officers, partners, and 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: \_\_\_\_\_

## **AUTHORIZED BUYERS LIST**

*Only Authorized Buyers will be permitted to purchase under the account listed below.*

Company Name: \_\_\_\_\_

Rose Brand Account ID: \_\_\_\_\_

Company Billing Address: \_\_\_\_\_

AP Contact Name: \_\_\_\_\_

AP Phone Number: \_\_\_\_\_

AP Email: \_\_\_\_\_

Are purchase orders required?  Yes  No

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Buyer Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Buyer Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Buyer Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Add additional pages as needed

## TRADE REFERENCES

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:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

Contact:	Contact:
Firm Name:	Firm Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

## BANK INFORMATION

Bank Name:
Contact:
Account #:
Address:
Phone:
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: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

Rose Brand Wipers Inc. is hereby authorized to request all necessary credit information from the references given on the above credit application and agreement, to assist in the extension or credit to the undersigned. The said persons, banks, and/or companies are hereby authorized and directed to release such information to Rose Brand 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: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE RETURN COMPLETED FORM VIA FAX TO 201-809-1850