



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:
Email:	Email:

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

BANK INFORMATION

Bank Name:
Contact:
Account #:
Address:
Phone:
EMAIL:

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
LEA.DANTES@ROSEBRAND.COM