



Company Information

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____ D&B Number: _____
 Type of Business: Corporation Partnership LLC Individual
 Credit Requested: _____ Year Established: _____ Federal Tax ID: _____
 Tax Exempt: Yes (If Yes, Please Attach certificate.) No Web Address: _____

Bank Information

Bank Name: _____
 Contact: _____ Phone: () _____
 Address: _____ Fax: () _____
 City: _____ State: _____ Zip: _____

Trade References

1 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Phone: () _____ Fax: () _____

2 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Phone: () _____ Fax: () _____

3 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Phone: () _____ Fax: () _____

4 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Phone: () _____ Fax: () _____

By signing this form, the customer authorizes RoyOMartin to contact the trade references, banks or credit reporting agencies for evaluating credit worthiness. All information received by RoyOMartin will be for internal use only. This application shall serve as authorization to release information to RoyOMartin via phone, fax or in writing. Interest charges of 1-1/2% per month (or applicable legal rate) will be charged on past due accounts. Credit privileges can be suspended at any time by RoyOMartin.

Authorized Signature: _____ Date: _____
 Name (Please Print): _____ Title: _____

ROM USE ONLY		
_____	_____	_____
Credit Manager Signature	Date	Credit Limit