



**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: \_\_\_\_\_

<b>ROYOMARTIN - OSB USE ONLY</b>		
_____ Credit Manager Signature	_____ Date	_____ Credit Limit