

R&M Equipment Co.

PO Box 937, Royersford, PA 19468
Phone: (610) 495-9700 Fax: (610) 495-9710

Application for Credit

Sales use Only	Credit Amt.	Territory:	Salesperson:	ID#
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Name of Business (Billing Address)

NAME	PHONE#	FAX#
STREET	D&B#	TAX ID#
CITY, STATE, ZIP	TAX EXEMPT #	PLEASE ATTACH COPY

Ship to Location

STREET
CITY, STATE, ZIP

Form of Business	PROPRIETORSHIP:	PARTNERSHIP:
	CORPORATION:	OTHER:

CREDIT LINE REQUESTED \$	CURRENT ORDER AMOUNT \$
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OWNERS SS#'S (if other than Corporation):

OWNERS' NAMES:

YEARS IN BUSINESS:

A/P CONTACT:	PHONE:	FAX:
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Bank Information

BANK REFERENCE:

BANK NAME:	BRANCH ADDRESS:
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BANK CONTACT:	TITLE:	PHONE:
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BANK ACCOUNT NO.:

Trade References: (Minimum of 3 are required) - No Banks or Utility Companies please

VENDOR NAME	ADDRESS	PHONE NUMBER/FAX NUMBER
A.		
B.		
C.		
D.		

PURCHASING:

The following individuals will, among others, be placing orders:
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NAME:	e mail:	SIGNATURE:
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Are Purchase Orders required to charge to your account? (Circle one)	Yes	No
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THIS IS NOT A PERSONAL GUARANTEE:

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize R&M Equipment to investigate the references listed pertaining to my/our credit references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses (at 1.5% per month) may be charged to debtor in the event of default or failure to pay for goods sold and delivered. I/we further represent that the customer applying for credit has the financial ability and willingness to pay all invoices within established terms.

SIGNATURE:	TITLE:	DATE:
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