



RLH INC CREDIT APPLICATION FOR A BUSINESS ACCOUNT
BUSINESS CONTACT INFORMATION

Company name:

Accounts Payable Contact:

E-Mail:

TIN/SS#:

Phone:

Credit Requested (subject to approval) (\$):

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

Are you subject to sales tax?

If no, please attach a sales tax exemption certificate.

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

Statement/Invoice Delivery Method: Email Mail

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Trade Type:

Phone:

E-mail:

Payment Terms/History:

Company name:

Address:

City:

State:

ZIP Code:

Trade Type:

Phone:

E-mail:

Payment Terms/History:

Company name:

Address:

City:

State:

ZIP Code:

Trade Type:

Phone:

E-mail:

Payment Terms/History:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. Past due invoices will accrue interest at 1.5% per month (or 0.05% per day), compounded monthly.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize RLH, Inc. to make inquiries into the banking and business/trade references that you have supplied.
4. Please note that the requested credit limit is not guaranteed and is subject to approval upon review of your application and credit history. Additional documentation may be required.

BY SIGNING BELOW, THE UNDERSIGNED HEREBY AFFIRMS THAT THEY ARE AUTHORIZED REPRESENTATIVES OF THE BUSINESS APPLYING FOR CREDIT AND AGREE TO THE TERMS OUTLINED IN THIS APPLICATION.

Printed Name & Title:

Date:

Printed Name & Title:

Date: