



## BRANCH APPLICATION

**BILL TO:**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
A/P Email: \_\_\_\_\_

**SHIP TO:**

Name: \_\_\_\_\_ Store Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Buyer: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
A/P Contact: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

*Invoices will be emailed to A/P Contact*

**RESCOM accepts credit card / ACH payments on our website at [www.rescomproducts.com](http://www.rescomproducts.com)**  
*PLEASE FILL OUT AND EMAIL TO [office@rescomproducts.com](mailto:office@rescomproducts.com) – Thank you for your assistance*

03/23