



CREDIT APPLICATION

CUSTOMER

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Credit Limit Requested: _____

Buyer: _____

Email: _____

Phone: _____

A/P Contact: _____

Email: _____

Phone: _____

PLEASE PROVIDE SALES TAX EXEMPT CERTIFICATE & W-9 *Invoices will be emailed to A/P Contact*

RESCOM accepts credit card / ACH payments on our website at www.rescomproducts.com

PLEASE FILL OUT AND EMAIL TO office@rescomproducts.com – Thank you for your assistance

03/23



CREDIT APPLICATION

TRADE REFERENCES

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

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