



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: _____

Dock (Y/N) _____ Liftgate (Y/N) _____ Forklift (Y/N) _____ Appointment (Y/N) _____
Commercial / Residential (C/R) _____ Receiving Hours _____

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

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