



# 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: \_\_\_\_\_

Dock (Y/N) \_\_\_\_\_ Liftgate (Y/N) \_\_\_\_\_ Forklift (Y/N) \_\_\_\_\_ Appointment (Y/N) \_\_\_\_\_

Commercial / Residential (C/R) \_\_\_\_\_ Receiving Hours \_\_\_\_\_

**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](http://www.rescomproducts.com)**

*PLEASE FILL OUT AND EMAIL TO [office@rescomproducts.com](mailto:office@rescomproducts.com) – Thank you for your assistance*

01/25



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## TRADE REFERENCES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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