



REFRIGERATION HARDWARE SUPPLY CORPORATION

632 Foresight Circle, Grand Junction, CO 81505 • Phone: (970) 241-2800 • Email: colorado@rhsparts.com

CREDIT APPLICATION

Date _____ Ship to (If Different) _____
 Firm Name _____ Name _____
 Billing Address _____ Ship to Address _____
 City _____ City _____
 State _____ Zip _____ State _____ Zip _____
 Phone # (_____) _____ Attention to _____
 Is the above a residence? _____

Business Information:

Name of Parent Company, If Subsidiary _____
 Names of Owner(s) or Officer(s) _____
 Names of Those Authorized to Purchase _____
 Address _____ Type Of Business _____
 At Present Location Since (Date) _____ Year Established _____
 Is Business Incorporated? _____ In What State _____
 Statement/Invoices should be: emailed _____
 faxed _____

Is this business Tax Exempt? No Yes (Must remit copy of exempt certificate OR state-approved attestation.)

References: (For Suppliers From Whom You Purchase On Open Account.) *** Email or Fax # REQUIRED ***

① Company Name _____ Account # _____
 Email _____ Fax # _____

② Company Name _____ Account # _____
 Email _____ Fax # _____

③ Company Name _____ Account # _____
 Email _____ Fax # _____

④ Company Name _____ Account # _____
 Email _____ Fax # _____

EMAIL or FAX # REQUIRED FOR PROCESSING

NOTE: Bank Information Release Form Accompanying This Application Must Be Filled Out, Signed And Returned.

Your Usual Basis For Payment Of Merchandise Bills:
 Discount 30 Days 45 Days 60 Days 90 Days

In the event it becomes necessary to commence legal action to collect amounts due, applicant agrees that collection costs up to 40% will be added if your account is placed for collection.

I agree and certify that the above information is correct and should be relied upon for the stated purpose.

Signed _____ Title _____

The above information will be kept confidential and used only to make a determination of credit worthiness.

SIGNATURE REQUIRED FOR PROCESSING



BANKING INFORMATION

Please return the completed form to Refrigeration Hardware Supply Corporation

Name of Bank _____

Fax # () _____ Phone # () _____

Email _____

Address _____

City _____ State _____ Zip _____

EMAIL or FAX # REQUIRED FOR PROCESSING

Gentlemen:

I am requesting an open charge account from REFRIGERATION HARDWARE SUPPLY CORPORATION for the convenience of obtaining merchandise.

Please provide them with the usual credit information as requested on the accompanying page, regarding my bank account (s) and past or present loans.

Checking Account(s) No. _____

Savings Account(s) No. _____

Loans, (Present) No. _____

Loans, (Past) No. _____

It is understood by all parties that the information provided from this request will be kept confidential and used only to make a determination of credit worthiness on the part of the authorizing party.

Company Name _____

Owner's Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

SIGNATURE REQUIRED FOR PROCESSING