

CREDIT APPLICATION

All fields on this credit application must be completed, in its entirety, as required information to determine credit worthiness. Any missing information may result in credit denial. Interest may be charged for all overdue accounts.

APPLICANT			
Full name of Applicant:			
Registered trading name(s):			
Federal ID #:			
Trading Address:	City:	State:	Post Code:
Postal Address:	City:	State:	Post Code:
Phone Number:	Fax Number:	Web Address:	
BUSINESS FACTS			
(Please mark X) <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Other:			
Date of Incorporation:			
Type of Business:	Authorized Capital:	Paid up Capital:	
AUTHORIZATION FOR BANK RELEASE OF FINANCIAL INFORMATION			
Name of Primary Trading Bank:		Branch:	
Account Name:		Account Number:	
Account Officer:		Phone Number:	
Preferred payment method? <input type="checkbox"/> Electronic Funds Transfer <input type="checkbox"/> Cheque			
DIRECTORS / PARTNERS / PROPRIETORS			
	Full Name	Position	Phone Number
1.			
2.			
3.			
Amount of credit requested – compulsory field *** \$			
CONTACT DETAILS			
	Chief Financial Officer	Accounts Payable	
Name:			
Phone Number:			
Fax Number:			
Email Address:			

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TRADE REFERENCES			
(Major USA suppliers please within the last 12 months)			
	Name / Account #	Address	Phone Number
1.			
2.			
3.			

DECLARATION

It is agreed that:

- All information is accurate and true.
- **Custom and Duty charges are always payable immediately.**
- **Terms are net 30 days.**
- Interest and penalties on overdue balances will be charged where ROHLIG USA, LLC determine terms are not being reasonably adhered to.
- I/We have read and will comply with the Terms and Conditions of the credit agreement, which forms part of this document.
- For our Terms and Conditions of Service please visit our website at <http://www.rohlig.com/company/terms-and-conditions.html>
- I/We give consent to confirm and exchange credit information relating to this application from any source and acknowledge that the supplier may apply to a Credit Reporting Agency and such references supplied and authorized to give information necessary in assessing the application.
- Please note your facsimile signature will be treated as if original.

Print Name:	
Position:	
Signature: <small>(AN UNSIGNED APPLICATION CANNOT BE PROCESSED)</small>	
Date:	
For an on behalf of:	

Your ROHLIG USA, LLC Contact (please enter Sales contact)	
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Please return the completed credit application to your sales representative or via fax to your local Rohlig office.
For office locations please visit our website: <http://www.rohlig.com/network.html>

For Internal Use Only

Date sent to Finance: _____	
Credit Limit Approved	
By: _____	Date: _____

Rohlig USA, LLC
Finance Department
 1743 S. Linneman Road
 Mount Prospect, IL 60056
 Tel: 224-563-3300 eFax: 630-597-9408