



# REFRIGERATION HARDWARE SUPPLY CORPORATION

632 Foresight Circle, Grand Junction, CO 81505 • Phone: (970) 241-2800 • Email: james@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:  email \_\_\_\_\_  
 fax \_\_\_\_\_  
 mail \_\_\_\_\_

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**

Name of Bank \_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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.

**Please return the completed form to Refrigeration Hardware Supply Corporation**

Company Name \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SIGNATURE REQUIRED FOR PROCESSING**