## **RCM CREDIT APPLICATION**

Contact Information.
Your Name:
Title:
Email:
Phone:
Business Information as Registered:
Company Name:
Phone:
Address:
City, State, Zip:
Resale Tax ID (If Applicable):
Length of Time at Current Address (Years and Months):
Type of Business (If printed, circle/If online, highlight):
Sole Proprietorship   Partnership   LLC   Corporation   Other
Bank Information:
Bank Name:
Contact Name:
Phone:
Address:
State, City, Zip:
Type of Account (If printed, circle/If online, highlight):
Savings   Checking   Other

## **Please Continue to Page 2...**

<u>Business References:</u> Please provide us at least three other companies your business has established credit with previously.

Company:
Contact Name:
Title:
Phone:
Email:
Address:
City, State, Zip:
Comments:
Company:
Contact Name:
Title:
Phone:
Email:
Address:
City, State, Zip:
Comments:
Company:
Contact Name:
Title:
Phone:
Email:
Address:
City, State, Zip: