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

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Business References: 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: