



For Office Use Only:  
Acct. # \_\_\_\_\_

# CREDIT APPLICATION

To establish an open account with our company, the following information must be obtained in full before credit can be granted. We will rely upon the enclosed information in making credit determinations and if credit line is approved, we will sell you goods relying on this information. Thank You.

RAP Account Representative: \_\_\_\_\_ P/C: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Street City State Zip Code

Shipping Address: \_\_\_\_\_

Street City State Zip Code

Tel. ( ) \_\_\_\_\_ Fax. ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_

E- Mail Address \_\_\_\_\_

Is Company owned by: Individual \_\_\_ Limited Partnership \_\_\_ Corporation \_\_\_ Co-Partnership \_\_\_ (Please check one)

Incorporated under the State Laws of: \_\_\_\_\_ Date of Inc: \_\_\_/\_\_\_/\_\_\_ Yrs. Established \_\_\_ Years \_\_\_ Months

Sales Tax Status: \_\_\_ Taxable \_\_\_ Exempt (Exempt # ): \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

County of Business Operation: \_\_\_\_\_ Do you require a Purchase Order ? \_\_\_ Yes \_\_\_ No

We require Florida Drivers License information from one of the Principals in your company who sign checks.

Name on License: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_

Name of Credit Dept./Accounts Payable Contact Clerk: \_\_\_\_\_

### PRINCIPALS/OWNERS

1. Name: \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_ D/L: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

2. Name: \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_ D/L: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

3. Name: \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_ D/L: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

**1218 Dyer Blvd., Kissimmee, FL.**  
**Tel: (407) 933-0023 Fax: (407) 540-9406 Toll Free: (800) 678-0023**

**BUSINESS TRADE REFERENCES**

1. Name: \_\_\_\_\_  
Home Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Home Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Home Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_

**BANK REFERENCES**

Name of Bank: \_\_\_\_\_ Money Market Acct. No. \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Savings Acct. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Checking Acct. #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Bank Officer: \_\_\_\_\_

**ACCOUNT TERMS / PERSONAL GUARANTEE**

In consideration of RAPCO Supply, extending credit to the above mentioned Company. We, the undersigned, jointly and individually guarantee payment for all purchases made from RAPCO Supply, including those made with special arrangements and/or supported by promissory notes. Our terms are net 10th of the month following the sale (net 10th prox.) If not paid by the 10th , of the following month, the account is past due and said balance will accrue interest at the rate of 1 1/2% per month or 18% annually, until paid in full. In the event it becomes necessary to place this account for collection, and whether or not legal action action is filed , the undersigned agrees to pay reasonable collection costs and attorney’s fees including those on appeal, and all costs that may be related upon and enforced by, any successor, endorsee or assignee of RAPCO Supply.

We hereby authorize RAPCO Supply, to check all references and information contained on this application and to approve (or disapprove) open credit sales at their own discretion.

\_\_\_\_\_  
CORPORATELY AND INDIVIDUALLY                      DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
CORPORATELY AND INDIVIDUALLY                      DATE

\_\_\_\_\_  
PRINT NAME