

R & E SUPPLY COMPANY
PHONE: (501) 374-6373 FAX: (501) 372-5944
1222 S. SPRING STREET
LITTLE ROCK, AR 72202

APPLICATION FOR CREDIT

NAME OF INDIVIDUAL _____

DBA NAME OF FIRM _____

INDIVIDUAL SOCIAL SECURITY NUMBER _____

FEDERAL TAX IDENTIFICATION NUMBER _____

TAX EXEMPT NUMBER _____
 (PLEASE PROVIDE COPY FOR OUR FILES)

BILLING ADDRESS _____

CITY _____

STATE _____

ZIP _____

AREA CODE _____

PHONE _____

YEARS AT ADDRESS _____

PHYSICAL ADDRESS _____

CITY _____

STATE _____

ZIP _____

AREA CODE _____

FAX _____

HEREBY applies for credit in accordance with the following terms and conditions/Disclosure of Credit Terms and Conditions:

Statements are issued monthly on or about the 24th of each month and are due and payable by the 24th of the following month. Statement balances not paid in full by the 24th will be considered past due and are subject to service charges computed on the maximum allowable by law. Accounts with past due balances may be automatically placed on COD status without notice and future credit may be restricted. Accounts with 90 day past due balances may be forwarded to an attorney or agency for collection without notice and are subject to additional fees as incurred by R & E.

OWNERSHIP: Please PRINT name(s) of principal(s), complete address, current phone number, social security numbers, and sign.

1. _____

SIGNATURE

2. _____

SIGNATURE

3. _____

SIGNATURE

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND AND AGREE TO BE PERSONALLY RESPONSIBLE, IN CASE OF DEFAULT BY THE COMPANY, TO THESE CREDIT TERMS AND AGREE TO PROPER PAYMENT FOR SUCH.

CREDIT REFERENCES: Please list business name, complete address, phone number and fax number.

1. _____

2. _____

3. _____

4. _____

Do you require a purchase order number? _____ Yes _____ No

VERIFICATION

Account No.: _____

Credit Approved By: _____

Credit Limit: _____

Date Credit Approved: _____

Entered By: _____

Info. Verified By: _____

Purchasing By / Date: _____

R&E Contact: _____