

**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 24<sup>th</sup> of each month and are due and payable by the 24<sup>th</sup> of the following month. Statement balances not paid in full by the 24<sup>th</sup> 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 REFRENCES:** Please list business name, complete address, phone number and fax number.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Do you require a purchase order number? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**VERIFICATION**

Account No.: \_\_\_\_\_

Credit Approved By: \_\_\_\_\_

Credit Limit: \_\_\_\_\_

Date Credit Approved: \_\_\_\_\_

Entered By: \_\_\_\_\_

Info. Verified By: \_\_\_\_\_

Purchasing By / Date: \_\_\_\_\_

R&E Contact: \_\_\_\_\_

Refrigeration & Electric Supply Co.  
Corporate Office  
1222 S. Spring Street  
Little Rock, AR 72202  
Phone# (501) 374-6373 Fax# (501) 372-5944

PERSONS AUTHORIZED TO PURCHASE FROM R&E SUPPLY CO.

NAME	FIRST	LAST	JOB TITLE	CELL#	EPA CERTIFICATION
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Additional names can be listed on the reverse side of this page.

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

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

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

Physical Address if different from above \_\_\_\_\_

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

Your Co. Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Your e-mail address \_\_\_\_\_

Do you require a Purchase Order Number? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require a job number or location or description? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are sales tax exempt we will need your permit number. \_\_\_\_\_

Person to contact for invoice and accounting issues \_\_\_\_\_

Contact phone number if different from company number above \_\_\_\_\_