

# Rudy Rack

3201 Dixon St Stevens Point, WI 54481 800-434-6442

## C R E D I T      A P P L I C A T I O N

Name of Company: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

In business since: \_\_\_\_\_ Number of Employees : \_\_\_\_\_

Organization Structure:    • Corporation        • Partnership        • Sole Proprietorship

Anticipated amount of credit: \_\_\_\_\_ Requested by: \_\_\_\_\_

Principals/Owners/Employees authorized for business transactions:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Please include two Trade references:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby certify that the information listed on this credit application is accurate and correct. This information is for the use of Rudy Rack LLC in determining the amount and conditions of credit to be extended. I fully understand Rudy Rack credit terms (net 30) and agree to timely payment in consideration of extended credit. I accept responsibility for costs of collections of delinquent accounts. I hereby authorize the above referenced listings on this application to release information necessary to assist Rudy Rack LLC in the establishment of a line of credit.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete form and return to Rudy Rack via fax at 715-344-6148