



Credit Application

Please fill out this credit application, sign it and fax it to (512) 467-2101.

Company Name: _____ **DBA:** _____

Phone Number: (____) _____ **Email:** _____

Shipping Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____

Billing Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____

Legal Status ___ Corporation ___ Partnership ___ Proprietorship ___ LLC **Fed. Tax ID No.** _____ ___ Subsidiary
___ Division ___ Branch

If a Subsidiary/Division/Branch: Name of Parent Company: _____

Date Business Established: _____ **Years at current address:** _____

State Sales Tax No. _____ **D&B No.** _____
(Note: If your firm is tax exempt, please include a copy of your exemption certificate with this application)

Management

Officers Names	Title/Position

Accounts Payable Contact : _____ **Phone:** (____) _____

Email: _____

Bank Reference

Name: _____ **Account No.** _____ **Phone:** (____) _____

Bank Officer: _____ **Address/City/State/Zip:** _____

Trade References

Company Name: _____ **Street Address:** _____

Contact: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone: (____) _____ **FAX:** (____) _____

Firm Name: _____ **Street Address:** _____

Contact: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone: (____) _____ **FAX:** (____) _____

CREDIT APPLICATION

Page 2

Trade References (cont.)

Firm Name: _____ **Street Address:** _____

Contact: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone: (____) _____ **FAX:** (____) _____

Firm Name: _____ **Street Address:** _____

Contact: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone: (____) _____ **FAX:** (____) _____

Please indicate below the products and quantity that you are interested in:

Amount of Credit Requested \$ _____

(Please note that the minimum purchase on account is \$500)

Terms

Merchandise purchased on account shall be paid in full within 30 days of receipt of goods. A service charge of 1.5% per month (18% APR) will be added on all past due unpaid balances. A mailed invoice will accompany each order and will describe the item(s) purchased and the total amount due including the purchase price, freight and applicable taxes.

Approval

I HAVE READ AND ACCEPT THE ABOVE TERMS AND HAVE PROVIDED TRUE AND ACCURATE INFORMATION TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE RICHLUND VENTURES, INC. TO VERIFY ALL REFERENCES PROVIDED HEREIN AND TO FURTHER REQUEST ANY RELEVANT INFORMATION FROM CREDIT REPORTING AGENCIES AS NEEDED. I ACKNOWLEDGE THAT RICHLUND VENTURES, INC. IS RELYING UPON THE INFORMATION PROVIDED HEREIN IN DETERMINING THE CREDITWORTHINESS OF MY FIRM. I FURTHER ACKNOWLEDGE THAT RICHLUND VENTURES, INC. RESERVES THE SOLE RIGHT TO APPROVE, DENY, AMEND OR CANCEL ALL CREDIT TERMS AND CONDITIONS AT ANY TIME AND WITHOUT PRIOR NOTICE.

Applicant: _____ **Title:** _____ **Date:** _____

PRINTED NAME

Signature: _____