

HEAD OFFICE  
1465 Slater Road  
Ferndale, WA 98248



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### APPLICATION FOR CREDIT

(MUST BE COMPLETED IN FULL)

Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Account # \_\_\_\_\_

New Account  Credit Increase  Other Charges

Legal Name of Business \_\_\_\_\_ Date Business Commenced \_\_\_\_\_

Operating Trade Name (if different from above) \_\_\_\_\_

Bill To Address \_\_\_\_\_

Town/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

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

Email for Billing \_\_\_\_\_

Please Specify if you are a Member of a Buying Group \_\_\_\_\_

#### Principals

1) Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Bank \_\_\_\_\_ Manager \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

The person responsible for payment of invoices: \_\_\_\_\_

#### References - Main Suppliers

1) Name & Address \_\_\_\_\_ Email **(\*MUST FILL OUT)** \_\_\_\_\_

2) Name & Address \_\_\_\_\_   Email **(\*MUST FILL OUT)** \_\_\_\_\_

3) Name & Address \_\_\_\_\_ Email **(\*MUST FILL OUT)**   \_\_\_\_\_

Amount of credit requested \$ \_\_\_\_\_

If required, financial statements available? Yes \_\_\_\_\_ No \_\_\_\_\_

If required, which of the following types of security could be obtained?

Personal Guarantee: Yes \_\_\_\_\_

No \_\_\_\_\_

Specific Assignment: Yes \_\_\_\_\_

No \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

State Sales Tax Number \_\_\_\_\_

Copy of Resale Certificate \_\_\_\_\_

I/We herby authorize Rampion Enterprises Ltd. to obtain necessary credit information through the References provided and/or registered reporting agencies, to establish the credibility and financial responsibility of my/our Company and its officer, and guarantee payment in accordance with the terms of sale.

We hereby jointly and severally agree to pay your account (if opened) according to your terms of sale and to pay interest at the rate of 2% per month (24% per annum) on all amounts in arrears.

We understand the terms and agree to abide by them.

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Company

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Signature of Authorized Officer & Title

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Witness

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Date



