

Credit Application

Note: This form must be completed and signed before credit can be approved!

Company Name _____ Contact _____ Position _____

Address _____ City _____ State / Zip _____

Business Phone (____) _____ Fax (____) _____ E-mail _____

Tax Exempt Yes No If yes, attach a copy of exemption certificate.

Type of Ownership Corporation Partnership Individual

Type of Business Welding Distributor Medical Supply Fill Plant Beverage Carbonic Specialty Gas Filling
(check one or more as applicable)
 Other, please list _____

Year business was established _____

How did you hear about Ratermann Mfg.? _____

Application is hereby made and the following three business references given.

It is understood that the information will be held in strictest confidence and used only by Ratermann Mfg.'s Credit Department.

\$ Amount of credit requested _____

Firm #1 _____ Firm #3 _____

Address _____ Address _____

City / State / Zip _____ City / State / Zip _____

Phone _____ Phone _____

Fax _____ Fax _____

Firm #2 _____ Bank(s) _____

Address _____ Account No.(s) _____

City / State / Zip _____ Savings Checking

Phone _____ Address _____

Fax _____ City / State / Zip _____

Phone _____ Fax _____

List names of principal company officers or owners

Name _____ Title _____ SS # _____
(for Individuals only)

Federal Tax ID # _____

Name _____ Title _____ SS # _____
(for Individuals only)

Federal Tax ID # _____

Please note: Ratermann Manufacturing, Inc. terms are net 30 days. A finance charge of 1 1/2% per month (which is an annual percentage rate of 18%) is charged on all past due accounts. The purchaser will be responsible for all collection costs if invoices are not paid pursuant to the terms and conditions of this application. I authorize each of the trade references and bank references listed above to release information to Ratermann Manufacturing, Inc. by telephone, fax or by mail. I understand Ratermann Manufacturing terms and agree to abide by them.

X _____ Date _____
(Authorized Signature)